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ABSTRACT

The development of the model program was accomplished by: (1) establishing linkages with other agencies and educational institutions in the community; (2) reviewing the pertinent research literature; (3) carrying out a needs assessment in order to determine the educational needs and interests of elderly residents as well as the problems facing staff members of skilled nursing facilities; and (4) determining whether or not the model program would result in unnecessary duplication of services with other educational institutions in the community serving the elderly. The report describes in detail the procedures, activities, strategies, and components of the model program implemented during the 1976-77 school year. The program should serve as a model for other school districts planning ways to meet the needs of elderly residents in health care facilities. (Author)

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IMPLEMENTING A MODEL PROGRAM FOR THE AGED IN SKILLED NURSING FACILITIES

by

Norman Shapiro

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Education, Nova University

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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ABSTRACT

The purpose of this practicum was to design and implement a comprehensive model adult education program for elderly residents of skilled nursing facilities within the service area of the Sequoia Union High School District. Previously the introduction of one adult education class in a nursing facility in the school district resulted in a number of problems for the instructor and the staff of the facility and seriously hampered the effectiveness of the school district's efforts in meeting the needs of the elderly.

The development of the model program was accomplished by: (1) establishing linkages with other agencies and educational institutions in the community; (2) reviewing the pertinent research literature; (3) carrying out a needs assessment in order to determine the educational needs and interests of elderly residents as well as the problems facing staff members of skilled nursing facilities, and; (4) determining whether or not the model program would result in unnecessary duplication of services with other educational institutions in the community serving the elderly.

The report describes in detail the procedures, activities, strategies, and components of the model program implemented during the 1976-77 school year. The original design of the practicum was to institute the model program in three of the eleven skilled nursing facilities in the school district and, if successful, implement it in the remaining

skilled nursing facilities in the district the following year. The initial success of the model program necessitated acceleration of the practicum design and, as a result, the model program was carried over to all existing nursing facilities in the school district before the end of the 1976-77 school year.

The number of course offerings will be expanded during the 1977-78 school year and the program should serve as a model for other school districts planning ways to meet the needs of elderly residents in health care facilities.

INTRODUCTION

The Sequoia Union High School District, located on the peninsula south of San Francisco, encompasses a geographical area of 100 square miles with a total population of 200,000 residents. Prior to July 1, 1976, the district consisted of six regular high schools (grades 9-12) and a continuation school. In addition, the district had an extensive adult education program located at the high school campuses and a number of off-campus sites in the community. Since 1969-70 when the Sequoia district high school enrollment climbed to a peak of 12,379, enrollment steadily declined to a present figure of slightly over 10,000. Enrollment projections indicated further declines to a low of slightly under 8,000, a thirty percent decrease from the peak enrollment. Faced with these enrollment declines and financial difficulties brought about by new state legislation, the Sequoia district closed one of its regular high schools on July 1, 1976.

Although high school enrollments were declining and there was every indication that they would continue to decline, the adult education program, an integral part of the offerings of the district, showed a steady increase in enrollment. Official records for the adult program indicated an initial average daily attendance (A.D.A.)[1] of 15 when the adult program began in 1920. By 1969-70, the A.D.A. was nearly 48 times as great (715 A.D.A.) and the largest adult school program between San Francisco and San Jose. In the 1975-76 school year the adult school A.D.A. reached an all-time high of 1,005.

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[1]A.D.A. is computed on the basis of 525 hours of attendance = 1 unit of A.D.A.

The instructional goals of the school district are based on the belief that our schools exist for all of the students of all ages. It is the responsibility of the schools to: (1) provide both the basic and specialized educational needs of all students; (2) develop as fully as possible the intellectual potential of each student by providing the basic tools of learning, computation, reading, writing, listening, and speaking; (3) encourage the spiritual and moral values of tolerance, charity, justice, honesty, patriotism, honor, courage, patience, and respect for authority which is necessary for all; recognizing that this nation exists under God; (4) transmit all facts pertaining to our cultural and racial heritage; and, (5) cultivate reasoning, intellectual discipline, and creativity.[2]

Although the above-mentioned instructional goals pertain to the total district, California has long recognized that the traditional approach of educating only the children and youth is not enough. Adult education is an integral part of the offerings of the Sequoia district, which recognizes that in a dynamic and rapidly changing society such as ours persons of all ages should find readily available to them when they need or want it, opportunity to attend organized classes to assist them in attaining their educational goals or needs.

Over one hundred courses were available among the more than two hundred and fifty classes offered by the Sequoia District Adult School during the 1975-76 school year. The adult school is organized on a quarter system - fall, winter, spring, and summer. The courses offered

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[2]Sequoia Union High School District. Board of Trustees Policy Manual and Administrative Regulations. Revision adopted July 7, 1976.

covered all of the fifteen areas categorized for a general curriculum by the California State Department of Education. These categories included Adult Basic Education, Americanization, Business Education, Civic Education, Crafts and Decorative Arts, English and Speech Arts, Fine Arts and Music, Foreign Language, Health and Physical Education, Homemaking, Industrial Education, Mathematics, Parent Education, Science, and Social Studies.

During the 1975-76 school year 20,044 adults participated in classes offered by the Sequoia District Adult School in the categories referred to above. Of those enrolled, 87.1 percent were residents of the Sequoia Union High School District. The remaining number came from neighboring school districts throughout the peninsula and East Bay. Unlike the situation for high school students, it is common practice throughout California for adults to attend any adult education class they can get to, with students from neighboring school districts being welcome. Under this system of reciprocity, a particular course not available "at home" could be found elsewhere. Further, the presence of students from outside the district is sometimes needed to earn enough state aid to justify a class sought by local residents. A state regulation, however, requires that all adult classes offered by a school district be located within the attendance boundaries of that district.

The criteria used by the Director of Adult Education for planning and implementing new programs included: (1) educational goals of the school district; (2) community interest; (3) usefulness to the individual

and society; (4) the availability of housing, equipment, and qualified instructors, (5) budget; and, (6) state regulations.

Through the cooperation of other agencies, both public and private, the Sequoia District Adult School was able to schedule classes at more than fifty campus and off-campus locations throughout its attendance boundaries. A majority of the off-campus classes met during both day and evening hours as a part of the district's philosophy of "taking adult education to the people." Although some efforts were made in the past to include classes for the aged in some off-campus locations, the Sequoia District Adult School had no organized gerontology program during the 1975-76 school year.

I STATEMENT OF THE PROBLEM

When the practicum writer was appointed to the position of Director of Adult Education for the Sequoia Union High School District on July 1, 1975, the Board of Trustees and the superintendent expressed interest in the adult education program being expanded to reach all segments of the community, particularly senior citizens. As the administrative head of the district adult program, the director, in the name of the Board of Trustees and superintendent, was charged with carrying out all administrative responsibilities related to adult education, including program and course approval.

During February and early March, 1976, numerous requests were received by the Sequoia District Adult School and Canada College, one of three campuses of the San Mateo Community College District, to implement adult classes for the aged at several skilled nursing facilities in the community. Although Canada College had an existing gerontology program, that program concerned itself primarily with the training of nursing aides and activity directors in health care facilities and did not emphasize adult education classes for aged residents of such facilities. The Sequoia Adult School had, for some time, conducted classes at off-campus locations for senior citizens, but no such classes were offered in skilled nursing facilities.

One class for elderly residents in a skilled nursing facility was established by the Sequoia Adult School during the latter part of the 1975-76 school year. As a result of the establishment of this class, a number of problems soon became apparent. Over a period of time it was found that the instructor did not posses the requisite training or

experience to carry out her assigned duties. No provisions were made to provide orientation or in-service training for the instructor and, as a consequence, the instructor was totally unfamiliar with her role and became frustrated. In addition, and equally significant, the adult school had no comprehensive plan for such a program in skilled nursing facilities.

A number of additional requests were received by the adult school to add similar classes at other skilled nursing facilities soon after the first class was established. In addition to the increasing number of requests for classes, there was a strong social and moral obligation to develop programs, as senior citizens, like all other residents of the school district, paid taxes to support public education and as such were entitled to services from the public schools. A need became apparent to plan, develop, and implement a program to meet the educational needs of the aged in these facilities. In keeping with the school district's philosophy of "taking adult education to the people," the development of adult programs in skilled nursing facilities was a way of meeting the growing need and interest in the area of education for the aged. It was recognized that education is a lifelong process whose main purpose should be to improve the quality of life for all citizens, regardless of age and physical circumstances.

There was also a need for cooperative planning with other educational institutions and community agencies. Moreover, a coordinated approach for the delivery of such educational services became mandatory as of July 1, 1976, with the creation of regional adult vocational educational councils under Assembly Bill 1821 enacted by the California

State Legislature.[3] These councils were established throughout California to review adult education offerings on a regional basis and to eliminate the duplication of services.

The local San Mateo County Council, established July 1, 1976, had four major objectives for the 1976-77 school year as follows:

1. To develop an inventory of courses and programs to determine what is being offered in the region.
2. To review the inventory and identify areas of unnecessary duplication, and make recommendations for state apportionment monies.
3. To prepare a delineation of functions agreement which would specify the types of programs that may be offered by various educational agencies.
4. To develop procedures for articulation agreements.

The writer, as the official representative of the Sequoia district on the local council, participated in the drafting of a Delineation of Function Agreement to be completed by June 30, 1977, which would set forth the criteria and guidelines under which the Sequoia district could offer approved educational programs.

Linkages with other community agencies were also investigated. While the Older Americans Act of 1973 required each state to establish Area Agencies on Aging, these programs usually reached the aged through a multi-layered bureacracy. The federal government provided assistance for the aged in four basic areas: home repairs; legal and personal counseling; transportation; and in-home supportive services such as health and nutrition. These regional agencies could not be defined as service agencies for the aged, but rather contractors for, and coordi-

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[3]Assembly Bill 1821, authored by Assemblyman Joseph P. Montoya.

nators of, local services for the aged. Prior to the development of the model program by the Sequoia District Adult School no contact or coordination had been undertaken by the school district. The need for the adult school to establish linkages with agencies in the community serving the elderly was recognized as an essential component of a model program.

Investigation by the writer confirmed a growing interest and concern for the needs of the aged on national, state, and local levels. Nationally there are well over twenty million persons 65 years of age or over, comprising some ten percent of the population.[4] It is well recognized that a population explosion of older people has been underway for some time and that the elderly are the fastest growing age group in the United States.[5] Recent statistics for California indicated that persons 60 years of age or over numbered 2,909,830, the largest elderly population of any state in the United States. San Mateo County, the location of the Sequoia district, had 74,930 persons 60 years of age or over in 1976.[6]

Recent statistics on skilled nursing facilities revealed that at present one million older adults reside in such facilities in the United States and there is every indication that this number will increase in

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[4]Robert N. Butler. Why Survive? Being Old in America (New York: Harper and Row, 1975), p. 16.

[5]Ibid.

[6]Exchange of Correspondence with Marilyn Lewis, Program Specialist, California Department of Aging, November 10, 1976. (See Appendix A)

the foreseeable future.[7] California alone had 1,178 skilled nursing facilities licensed by the state in 1976 with a total bed capacity of 107,363 residents.[8] Eleven skilled nursing facilities were in existence within the service area of the Sequoia Adult School at the time the model program was developed.

California State Superintendent of Public Instruction Wilson Riles recently noted that "...as the population becomes older and individuals retire sooner, schooling will be thought of less and less as the exclusive province of the young."[9]

The recently completed California Higher Education Study For The Aging reported:[10]

> The major purpose of education is to improve the quality of life for all citizens, and it is a process which should be continuous and lifelong. Therefore, the most recent "minority" to enter the area is the "AGING." With rapidly expanded numbers involved due to earlier retirements and extended life spans - over 2.7 million Californians are over 65 - educational institutions have recently seen their adult enrollments increasing at a rapid rate, particularly in the ...adult education systems.

In discussing the education needs of the aged, the same California study also pointed out that:

> ...the needs are great and varied, and although several public institutions...in the state have provided some programs and are increasing their interest, dedication, effort, and

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[7]Robert N. Butler and Myrna I. Lewis. Aging and Mental Health (St. Louis, Missouri: The C.V. Mosby Company, 1973), p. 214.

[8]Exchange of Correspondence with Terrence O. Tennice, Supervisor of Facilities Information Unit, Department of Health, State of California, November 4, 1976.

[9]San Francisco Chronicle, July 4, 1976.

[10]California Higher Education Study For The Aging, Lee Swanson, Project Director (Sacramento, California: California Office on Aging, 1974), preface.

> commitment, too many of the decision makers are apathetic or are not concerned that...education has a responsibility to meet the needs of this New Student.

Marion Marshall, a consultant to the California State Department of Education's Adult Education unit, whose responsibility is education in the field of gerontology, recently pointed out that gerontology is "...a stimulating challenge for any school administrator...school districts throughout the state should be increasingly aware of the needs of older men and women."[11]

In describing the efforts of some school districts to offer specialized programs for the aged in skilled nursing facilities, Marshall, in the previously cited article and in consultation with the writer, noted that where classes are being conducted in such facilities residents and staff members were discovering that a great deal of learning was possible and that older people "come to life" and respond to good teachers.[12]

Many of the elderly residents of skilled nursing facilities experience a hurtful sense of being unproductive, no longer useful to society, certainly out of the mainstream. A recent newspaper editorial addressed itself to the needs of elderly residents in skilled nursing facilities as follows:[13]

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[11]Marion Marshall, "Gerontology: A Growing Field in Education," Issues, 3, No. 1 (San Francisco, California: Far West Laboratory for Educational Research and Development, October, 1975), p. 2.

[12]Ibid.

[13]Lodi News-Sentinel, August 1, 1976.

> It is a sad thing to reflect on what American society though affluent and fundamentally good-hearted, does to (elderly) citizens. The problem is one we must address ourselves with compassion and in the spirit of the ancient admonition, "Honor thy father and thy mother."

In establishing adult education classes for the aged in skilled nursing facilities the Sequoia District Adult School recognized six needs: (1) the need to identify and meet the needs of the aged in these facilities within the service area of the school district; (2) the need to coordinate such a program with other educational institutions as required by recently enacted legislation in California pertaining to the delineation of functions; (3) the need to involve other community agencies offering services to the elderly; (4) the need to justify the cost-effectiveness of such educational programs; (5) the need to provide special training for instructors who were assigned to teach in such facilities; and, (6) the need to plan, develop, and implement a model adult education program for the aged in skilled nursing facilities.

Delimitations

Skilled nursing facilities are relatively new institutions in the United States. The nursing facilities selected for establishing model education programs in the Sequoia district were staffed by activity directors who recognized that their major responsibility was to assist the patient to help himself to remain functional in body, mind, and spirit. As used in this practicum report, skilled nursing facility was defined as resident health facility that provided skilled nursing care and supportive care to patients on a twenty-four hour basis. Skilled nursing facilities provided patient care that included, as a minimum, medical, nursing, dietary, and pharmaceutical services and an activity

program.[14] Skilled nursing facilities provided long-term nursing home care benefits under the Medicaid program, a jointly financed federal-state program of medical assistance.

Gerontology, as used in this report, deals with the causes and consequences of having older people in the population and refers to the sociological approach to the study of aging, with focus on the non-physical aspects of aging.[15]

The terms aged, elderly, and older people used in this report refer to individuals 65 years of age of over. These terms are used interchangeably throughout the report, with special emphasis on residents of skilled nursing facilities.

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[14] Skilled Nursing Facilities, Regulations, Title 22, Division 5, Chapter 3 (California: State Department of Health, July 13, 1974), pp. 258-259.

[15] Marshall, op. cit., p. 2.

II CONCEPTUALIZING A SOLUTION

Although the educational needs of the aged within the service area of the Sequoia Union High School District had been given some attention by the adult education program prior to the practicum, there was no existing program for elderly residents in skilled nursing facilities. One adult education class was established at one nursing facility during the latter part of the 1975-76 school year. The need to plan, develop, and implement a model program in cooperation with other educational institutions and agencies soon became apparent, as the effectiveness of the initial class was less than satisfactory. Concerns were raised by personnel at the nursing facility where the class was initiated regarding the lack of skills and training of the instructor as well as the absence of a comprehensive plan and design for educational programs in these facilities.

Faced with these problems and an increased interest on the part of the community and school administration to meet the educational needs of the elderly in skilled nursing facilities, the writer undertook to plan a model program based on the needs of the elderly themselves, and the needs of the personnel responsible for administering programs in these facilities.

Purpose of the Practicum

It was the purpose of this practicum to:

1. Formulate general guidelines for adult education programs for the elderly based on a search and review of the pertinent literature.

2. Identify the educational needs and interests of the elderly residing in skilled nursing facilities in the school district on the basis of a needs assessment and follow-up interviews.

3. Coordinate the program with other educational institutions and agencies serving the elderly in skilled nursing facilities.

4. Analyze the cost-effectiveness of adult education programs in these facilities.

5. Clarify the role, relationship, and responsibilities of instructors assigned to teach in these facilities.

6. Implement a staff development program for adult school instructors assigned to teach in these facilities in order to assist them in developing the identified skills needed to teach in skilled nursing facilities.

7. Develop and implement a model adult education program in three of the eleven facilities in the Sequoia district to meet the needs and interests of the staff, instructors, and elderly residents in skilled nursing facilities with carry-over value for application at additional nursing facilities within the Sequoia Union High School District.

III REVIEW OF THE LITERATURE

A review of the related literature in the field of education and the aging was undertaken to develop guidelines for the practicum. The review of the literature was organized around five major categories:

1. The demographic imperative of the problem
2. The educational needs of the aged
3. The role of adult education and the aged
4. The implementation of adult education programs for the aged
5. The nature and characteristics of skilled nursing facilities.

The Demographic Imperative of the Problem

The number of elderly persons in our society has increased dramatically within recent years and continues to grow. As Harold Kendig and Robert Warren recently noted, demographic data plays a "significant part in the initiation, content, evaluation, and modification of every public program in the United States established to serve a particular group in the population."[16] Very often census data for the elderly is not as complete as it should be and, at times, the data does not reflect those residing outside husband-wife relationships and those residing in institutions.[17]

According to Herman Bratman, there are currently 21 million persons 65 years of age or older in the United States.[18] The elderly

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[16]Harold L. Kendig, Jr. and Robert Warren, "The Adquacy of Census Data in Planning and Advocacy for the Elderly," The Gerontologist, Vol. 16, No. 5 (October, 1976), p. 392.

[17]Ibid., p. 395.

[18]Herman B. Bratman. Facts and Figures on Older Americans: An Overview, 1971. (Washington, D.C.: Administration on Aging, HEW), 1972, p. 43.

segment of our population comprises ten percent of our nation's population, a percentage that has grown consistently throughout this century and is expected to expand somewhat further if present low birth rates continue.

Robert Butler, in his book, Why Survive? Being Old in America, points out that "...a population explosion of older people has been underway for a number of decades, and the elderly are now the fastest growing group in the United States."[19] Between 1960 and 1970 the elderly in the United States increased 21 percent, compared with a 19 percent increase among those under 65.

According to official census figures, as reported by the United States Department of Health, Education, and Welfare, the older population equals the total population of all ages of our 21 smallest states. In the 100 years since 1870, the total population has become five times as large, the middle-aged population nine times as large, and the older population seventeen times as large. It is estimated that by the year 2000 there will be at least 28 million persons 65 years of age and over in our country.[20]

A recent article in the New York Times reported that while in 1950 one person in twelve was 65 years of age or older, this number increased in 1975 to one person in ten and by the year 2050 it is projected that one person in five will be 65 years of age or over. As the article concluded, "...with this shift, the needs of the old and the economic burdens they create for the proportionately decreasing number of young

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[19]Robert N. Butler, op cit., p. 16.

[20]Herman B. Bratman, op. cit., p. 1.

are becoming pressing social concerns."[21]

Along with the dramatic increase in the aged population the average life expectancy has increased to 71 years.[22] New medical discoveries, improved delivery of health care, and presently declining birth rates all point to an even greater percentage of the elderly in the future.

Population figures in California follow national trends. The recent study in California on Postsecondary Alternatives indicated that there are approximately 2.9 million older adults in California.[23] Marion Marshall, consultant to the California State Department of Education's Adult Education unit, with the major responsibility in gerontology, recently noted that "...it is estimated that one in every ten California residents is 65 years of age or over."[24] It is apparent that there is a clearly defined group in our nation and state with special needs which must be recognized by those planning programs for the aged.

Examining recent population trends, an article in the New York Times concluded that "...it seems safe to assume that a country dominated by the old will need less baby food, toys, teachers, and maternity wards. Conversely, demand should rise for retirement homes, medical care, recreational facilities and entertainment suiting the tastes of the elderly."[25]

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[21]The New York Times, October 24, 1976.

[22]Robert N. Butler and Myrna I. Lewis, op. cit., p. 4.

[23]Postsecondary Alternatives to Meet the Education Needs of California's Adults (Sacramento, California: Postsecondary Alternatives Study), September, 1975, p. 58.

[24]Marion Marshall, op. cit., p. 2.

[25]The New York Times, February 6, 1977.

The Educational Needs of the Aged

Leroy Hixon, in remarks made at a state-wide conference in California dealing with the needs of the aged, noted that:

> ...not money, but education is the most essential ingredient of the good life, and since there is no age limit to memory (either recent or remote), and since mental activity contributes to longevity even more than does social activity, learning throughout life is a crucial need.[26]

The implication made by Hixon is that since public education controls vast resources, it should provide this needed service. Education for older adults should meet their needs and interest and, at the same time, create a comfortable and convenient learning environment.

Ruby Gordon in a study of the learning process in aging concluded that present research findings indicate little or no significant decline in learning ability with age.[27] According to Gordon, one-half million persons, or one person in thirty over the age of 65 years, participated in formal adult education classes in 1957. Over the past fifteen years this number has increased markedly, making it necessary to develop new and better programs to meet the needs of the aged.

Jon Hendricks and C. Davis Hendricks in their recently completed book, Aging in Mass Society - Myths and Realities, concluded that "... it cannot be stressed too strongly that older people do and can learn."[28]

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[26] State-Wide Community College Conference on Gerontology and Aging Programs. Summary. (Sacramento, California: California Junior College Association), 1973, p. 2.

[27] Ruby D. Gordon. Learning Process in Aging and Adult Education, Eric Document ED 106 734, 1974, p. 19.

[28] Jon Hendricks and C. Davis Hendricks. Aging in Mass Society - Myths and Realities. (Cambridge, Massachusetts: Winthrop Publishers, Inc.), 1977, p. 137.

The authors point out that educational opportunities for the aged must be restructured to encourage participation if "we value optimal well-being for the elderly."[29]

Wilma Donahue, in reviewing the research and assessing the values for aging, reported that one of the tragic features of our society is that much time and effort has been invested in the remarkably successful effort to prolong life while, at the same time, we have failed to build in reasons for appreciating those added years.[30]

As Donahue lamented:

> ...Our heritage has been adapted to career-building with the concomitant factors of home-making and home-raising. Through this Puritan approach to life there has been a poor job of developing values for the aging....[31]

David A. Peterson, in his discussions of the needs of older persons, noted that:

> ...heightened sensitivity and concern for older people has led to recognition of their educational needs. Educators and gerontologists are now beginning to focus on the needs of older people and to develop educational programs which will provide the skills, knowledge, and experiences to assist older people in meeting those needs.[32]

The preface to the report to the 1971 White House Conference on

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[29] Ibid., pp. 164-65.

[30] Wilma Donahue, and others (eds.) Free Time: A Challenge to Later Maturity (Ann Arbor, Michigan: University of Michigan Press), 1958, p. 160.

[31] Donahue, op. cit., p. 160.

[32] David A. Peterson, "The Role of Gerontology in Adult Education," in Stanley M. Grabowski and W. Dean Mason, editors. Education for the Aging: Living with a Purpose as Older Adults Through Education: An Overview of Current Developments. (Syracuse, New York: Syracuse University, Eric Clearinghouse for Adult Education), 1974, p. 41.

Aging recognized the increase in the lifespan for most Americans and pointed out that the implications of dramatic increases in the aged population must be accompanied by society and educational institutions being better able to meet the needs of the elderly.[34]

Howard McClusky of the University of Michigan refers to "categories of need" in his studies of the educational needs of older persons. The major categories identified by McClusky include:[35]

1. Coping Needs - minimal ability in reading, writing, and and arithmetic computation followed by health, finances, legal, housing, relationships, and rewarding use of leisure time.

2. Expressive Needs - the need to engage in activities for the sake of the activity itself and not always to achieve some goal to which the activity has only an instrumental relationship.

3. Contributive Needs - older people have a need to give, to contribute something acceptable to others and to the community; a desire to be of service.

4. Influence Needs - protecting and improving their own situation, and contributing to the welfare of the large society.

Robert E. Sarvis studied the efforts of educational institutions to meet the educational needs of the elderly in the state of Washington. Data were obtained by means of questionnaires and follow-up interviews with a selected sample of elderly persons in urban and rural areas of Snohomish County and northern King County in Washington. Community colleges were also included in the survey. Among the more significant findings of his study that illuminate the unique conditions of the

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[34]Towards a National Policy on Aging: Background, Organization, Program (Washington, D.C.: White House Conference on Aging), December, 1971, p. ix.

[35]Howard P. McClusky. Education: Background Issues. White House Conference on Aging (Washington, D.C.), February, 1971, pp. 9-11.

elderly were the following:[36]

1. Many elderly persons hold stereotyped images of education as those formalized activities for the young, and have little motivation to return to the classroom.

2. The majority do not feel qualified to engage in college level opportunities for learning. Some worry about poor memories, deteriorating muscles, and declining vision and hearing as additional deterrents.

3. Third age people, active in senior centers, rely heavily upon the advice of Center staff personnel for guidance into activities that have immediate meaning for them.

4. Strong preference is given to learning opportunities which better equip the elderly to cope with and improve societal conditions affecting them.

5. Little interest can be found in grades, accrual of credits, or daily class sessions.

Marshall, cited earlier, reminds educators that gerontologists are quick to point to the need for a new image for the older adult. In her analysis of the findings of gerontologists, she noted the following characteristics contributing to the new image for older adults:

> The concept of "keeping them busy" implied that senior citizens were oversized children for whom fun and games were enough. Anyone who had retired must be senile or soon would be, especially if he became ill. Today we know that adults of any age are able to think, learn, and relearn. They enjoy mental growth just as do other adults; in fact, researchers have said that it is only shortly before death that learning ability seems to be lost. Old people are individuals with differences and similarities found at all age levels. They want to be treated as such. Many plead for young people to look at them, rather than past them.[37]

Clark Tibbitts and Wilma Donahue viewed education for the older adult as an extension of adult education generally as well as education

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[36]Robert E. Sarvis. Educational Needs of the Elderly: Their Relationships and Educational Institutions, Final Report. (Lynwood, Washington: Edmons Community College), March, 1973, p. 22.

[37]Marshall, op. cit., p. 2.

for a new period of life with needs, interests, and characteristics of its own.[38] According to Tibbitts and Donahue, the following basic needs of older adults should receive special attention:[39]

1. The need to give the individual knowledge of the changes taking place in his organism.
2. The need to provide new knowledge and skills that may afford a basis for...creative expression.
3. The need to provide for enjoyment of the arts, for intelligent citizenship, and for postponment of mental deterioration.

The Role of Adult Education and the Aged

As a result of the developing interest and concern for education for the aged, Peterson envisioned a new role for adult education, a role which he considered almost totally disregarded in the past and one which is only beginning to receive minimal attention. According to Peterson:

> ...This role (referring to adult education) is to provide education for the later years of life, those years when new problems combine with old to form an altered life situation, and where increased leisure time provides for growth opportunities.[40]

Jack London, writing in The Handbook of Adult Education, called attention to the under-utilization of adult education by the aged:

> It is unfortunate that adult education has not been more fully utilized to insure that the aged person's contact with other people is maintained. Most of the aged...do not turn to education as a source of help. The common view that education is for the young inhibits many old-

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[38]Clark Tibbitts and Wilma Donahue, "Development in Education for Later Maturity," Review of Educational Research (No. 23, June, 1953), p. 202.

[39]Ibid.

[40]Peterson, op. cit., pp. 41-42.

> sters from utilizing it to participate in life as an exciting adventure.[41]

Peterson's views on the slowly developing role of education for the aged were in general agreement with those expressed by London. Peterson argued that although education for aging received occasional mention, "...it can not be said to be a critical area of interest for public schools, colleges, or informal education agencies."[42] The assumption generally made, but not valid, is that older people have interests and needs similar to persons in the younger years.

In discussing the role of educators and the aged, Peterson stressed that adult educators must reorient their thinking to acknowledge the needs of older people and accept the tenet that individuals of all ages have potential for development and continued growth. As Peterson observed:

> ...gerontology provides educators with the challenge to accept a new role, one which has been generally overlooked as we move into the future. This role is to provide the education needed for successful growth and adjustment in the later stages of life.[43]

Gerontologists and educational leaders generally agree that the responsibility of educators does not end with the preparation of children and youth for adult roles and that increased emphasis should be given to the conduct of educational programs for the later years of

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[41]Jack London, "The Social Setting for Adult Education," in The Handbook of Adult Education Edited by Robert M. Smith, George F. Aker, and J.L. Kind (New York: The Macmillan Company), 1970, p. 16.

[42]Peterson, op. cit., p. 43.

[43]Peterson, op. cit., p. 50.

life.[44, 45]

McClusky reviewed the research literature dealing with the participation of older persons in adult education. He concluded that "... as persons advance in years they become more and more underrepresented as participants in adult education, and of those over 70 the overwhelming majority could be classified as nonparticipants."[46] It becomes increasingly apparent that adult educators must assume leadership roles and provide meaningful programs and services for the elderly.

Robert Atchley, a pioneer in the field of social gerontology, was critical of the present role of educators in developing meaningful programs to meet the needs and interests of the elderly in our population. In discussing the role of education for the aged in the community, Atchley viewed it as "perhaps the ultimate in the withdrawal of support from older people."[47] As Atchley developed his rationale:

> Education systems in the United States are youth-oriented and job-oriented. The purpose of school in America is primarily to prepare the student for a job. Even adult education tends to be oriented around the types of skills needed to secure a better job or a promotion. Only a very tiny portion of the young person's education is devoted to the skills involved in the enjoyment of living, and few of the adult education programs throughout the country are so oriented. It should not be too suprising, then, to find that

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[44]David A. Peterson, "Life-Span Education and Gerontology," The Gerontologist 15, (October, 1975), p. 436.

[45]Robert J. Havighurst, "Research and Development Goals in Social Gerontology," The Gerontologist (Winter, 1969), p. 12.

[46]McClusky, op. cit., p. 10.

[47]Robert G. Atchley. The Social Forces in Later Life: An Introduction to Social Gerontology. (Belmont, California: Wadsworth Publishing Co.) 1972, p. 273.

> education programs are the last things most older people would consider in terms of community participation. There is some question how relevant education is for the young, but there can be no question that most formal educational programs are almost totally irrelevant for older people.[48]

In spite of this criticism of the present orientation of education for the aged in our society, Atchley nevertheless recognized that prospects for the future seem encouraging. Although he described several promising practices in universities and colleges, he clearly cautioned that over-specialization by universities and colleges in the liberal arts (which he identifies as including most of the courses that interest older people) tended to make this the weakest part of the program.[49]

The Implementation of Adult Education Programs for the Aged

Andrew Henrickson, in an overview of programs for the aged, outlined a series of procedural steps necessary in planning programs for older adults:[50]

1. determining needs
2. ordering priorities among needs
3. discovering resources
4. developing the program based on priority ratings and the availability of staff, finance, and facilities
5. promoting the program
6. operating the program
7. evaluating the program and replanning

The Adult Education Association of the United States in a recent publication, New Learning for Older Americans, pointed out that adult educators, gerontologists, and others concerned with the older population must constantly seek to develop new ways of working with this

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[48] Ibid.

[49] Ibid., p. 274.

[50] Andrew Henrickson, Editor. A Manual on Planning Educational Programs for Older Adults (Tallahassee, Florida: Florida State University, Department of Adult Education), 1974, p. 8.

group, especially as it relates to the instructional content of adult education activities.[51] Learning for older adults must encompass more than simply filling leisure time, important and valid as that purpose may be.

Based on experience in the field of adult education, rather than on research data, the Adult Education Association of the United States suggested three important considerations necessary for adult education programs for the aged to have maximum impact:[52]

1. Basic responsibility for learning development must be firmly and permanently grounded in the health, welfare, elderly-serving and other agencies with the closest, most critical and continuing contact with the older population...

2. All adult education institutions must be involved...non-school agencies as well as parts of the formal educational establishment.

3. Voluntary effort...will be needed for full impact...

A number of long-range educational goals for older people, with particular significance to those planning programs, were formulated by the 1971 White House Conference on Aging as follows:[53]

1. To help older people fulfill their lifetime potential, thus assuring them the means of attaining a self-respecting level of well-being, freedom to develop a partnership role in promoting the welfare of society.

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[51] New Learning for Older Americans: An Overview of National Effort (Washington, D.C.: Adult Education Association of the United States), 1974, p. 8.

[52] Ibid.

[53] White House Conference on Aging, 1971. Toward a National Policy on Aging. Final Report, Volume II. (Washington, D.C.: The Conference, U.S. Government Printing Office), 1972, pp. 12-13.

2. To assist older people in developing the abilities uniquely available in the later years (e.g., wisdom and contributive abilities), and to assist society in utilizing the abilities so developed.

3. To help older people serve as models of life-long fulfillment for emulation and for the guidance of on-coming generations.

4. To create a climate of acceptance by both older persons and society of the desirability, legitimacy, and feasibility of the preceding goals.

5. To help society understand the need and provide a support for quality education for everyone at all ages as a continuing opportunity in life-long learning.

6. To provide preretirement education so that older people will be better prepared to meet the special needs such as their needs for mental and physical helath, for adequate income, for adequate housing, for satisfying relationships with the immediate and extended family, and for making wise use of leisure time.

7. To make special provisions for delivering educational programs to "hidden populations" of older people, usually non-participants, and isolated from the mainstream of community services.

Sarvis, in a study involving elderly residents and community colleges in the state of Washington, concluded that when planning innovative approaches in the field of education for the aged, the following should be considered:[54]

1. Plan with the elderly, rather than for them, programs that hold immediate meaning to them.

2. Priority should be given to plan daytime experiences once or twice a week, in off-campus locations where elderly people feel comfortable in the environment before enticing them onto the campus.

3. A broad scope of content areas is preferable to in-depth sequential courses in beginning programs. Necessary exceptions should be readily identified through continuous planning, coordination, empathetic faculty selection, and liaison with cooperating agencies.

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[54]Sarvis, op. cit., p. 23.

4. ...High staff competency must be maintained as well as careful selection of those who can demonstrate good respect for the elderly and their characteristic abilities.

Marion Marshall, in an interview with the Los Angeles Times, emphasized the importance of involving seniors themselves in planning educational programs for seniors. According to Marshall:[55]

> We need more "nitty-gritty" planning with older people... We must stop looking at them as though they are children, crippled or poor - looking at them, in short, as being unable to make decisions for themselves.
>
> They can make decisions...and they should make them. Nutrition of the mind is just as important as nutrition of the body.

Writing about education and aging, E. Percil Stanford recognized the need for educational institutions to become more involved in programs for the aged.[56] In calling for "broadly conceived educational programs for older people designed to develop the interests, skills, and attitudes that make possible a richer and happier life," Stanford identified four major purposes to be included in the design of programs for the aged:[57]

1. ...to give the older person an understanding of the changes that are taking place and an awareness that he is confronting problems common to all older people...

2. ...to impart knowledge and skills that will maintain health, retain or increase mental capacity, and enable the person to use his own resources more effectively and thus make the most of the facilities available in the environment.

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[55]Ed Meagher, "She Seeks To Turn Seniors Into Freshmen," Interview with Marion Marshall. Los Angeles Times, November 18, 1974.

[56]E. Percil Stanford, "Education and Aging: New Task For Education," Adult Leadership, 20, (February, 1972), p. 281.

[57]Ibid., pp. 281-282.

4. ...to recognize the fact that learning in and of itself can be interesting and stimulating.

5. ...to provide a richer social experience and better understanding of the world that a longer life gives....

Philean Robinson reviewed a number of research findings dealing with the distinguishing characteristics of participants and nonparticipants in adult education programs.[58] Many of the studies reviewed pointed up the fact that senior citizens were under-represented in adult education programs. In a study of senior citizens in Utah county, Robinson compiled data which contained significant implications for planners of education and recreational programs for senior citizens. Robinson concluded that "organized activities for mature citizens need the same type of care and thought that are typically given to the elaborate programs currently available for the youth of America."[59]

Charles Carlson surveyed 2,000 persons living in California to determine the current role of community colleges in the education of the aged and the current educational needs and desires of retired persons.[60] His findings have implications for adult programs offered by high school districts. As Carlson noted:[61]

> Colleges should note that the aged do decline in certain school-related aspects but not in others. They decline in speed, manual dexterity, visual acuity, and motivation. However, in the areas of vocabulary, general information, verbal reasoning, judgment, etc. older adults often show

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[58]Philean B. Robinson, Jr., "Socio-Cultural Characteristics of Senior Citizen Participants in Adult Education," 20 Adult Leadership (January, 1972), p. 234.

[59]Ibid.

[60]Charles R. Carlson, "Serving the Needs of Retired Persons," Community and Junior College Journal, 43, (March, 1973), p. 22.

[61]Ibid.

> definite gains. Retired persons also vary in their abilities as do other age groups. Older adults who remain mentally active show less mental deterioration than those who don't remain active.

Carlson, in the study previously cited, noted the lack of motivation as a problem area in offering education for the aged.[62] Educators must exert efforts toward having the aged overcome the idea that they can't learn or have very poor memories. Of particular significance to high schools offering adult programs where credits are normally awarded only for those adults working toward high school diplomas was the finding by Carlson of an overwhelming preference of the aged for classes on a non-credit basis. Carlson found that the prospect of possible failure in a credit course may be a powerful barrier to attendance or a cause for early drop-out.

Some of the recommendations made by Carlson, although derived from a study whose principal aim was to assist community colleges in planning programs for the aged, also provide adult high school programs with some general guidelines as follows:[63]

1. Adequate staff time for articulation, planning, etc. is necessary to insure success and the development of well-conceived programs.

2. Cooperation with other public agencies and community groups can be important in the development of programs and the locating of facilities for classes...

3. Classes should be offered on a no-credit basis...Open-ended classes and short-term classes are also recommended.

4. Many retired persons are operating on limited budgets; therefore if fees are normally charged for classes, consideration should be given to waiving fees for retired persons.

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[62]Carlson, op. cit., p. 22.

[63]Ibid., p. 23.

5. Faculty members should be carefully selected for ability and facility in dealing with older persons. The aged indicated resentment at having less-than-qualified faculty and at having young teachers tell them what it feels like to be old.

In a review of the literature dealing with education and the aging, Betty Ward identified some general propositions she characterized as being necessary in order to bring about a broad educational reorientation in programs for the aged:[64]

1. education is a life-long process
2. adults can learn, want to learn, and will learn when given an opportunity
3. while education is primarily concerned with the intellect, it is also concerned with personality and its relationship with intellect
4. the educational curriculum--especially designed for adults--must be based on their life experiences, needs, interests, and motivations
5. individual differences are more marked among adults than among children and youth
6. methods of teaching should be adopted to reflect these differences

In a discussion of educational programs for the aged, Peterson emphasized the need to develop educational activities which are preventive in nature and which will facilitate the continued growth of the individual.[65] Peterson argued that adult educators will need to revise their views of older people as potential clientele and begin to program for their needs and interests.

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[64]Betty Ward. Education of the Aging: A Selected Annotated Bibliography (Washington, D.C.: Department of Health, Education & Welfare), 1960, pp. viii-ix.

[65]David A. Peterson, "The Role of Gerontology in Adult Education," op. cit., p. 41.

In developing the thesis that coordination is needed in adult education, Floyd Fischer described coordination as a new dimension in adult education which demands increased emphasis on interinstitutional cooperation.[66] Fischer also advocated bringing together educational institutions in a consortium approach to solving problems of mutual concern.[67]

Janet MacLean alluded to the problem of linkages with existing resources in the community to meet the challenge of leisure time for the aged. She stated:[68]

> In the last 70 years, the composition of our society has undergone a revolution, which at first was gradual, then accelerated. Since 1900, the number of aged in the United States more than quadrupled, while the rest of the population only doubled. Social, economic, techological, and scientific developments, have created changes that demand drastic adjustments in the lives of those who are 65 years of age. As millions of people live to become aged, the concerns of this group must become the interest and problem of the community; solutions to problems are rarely found through individual effort to adjust to circumstances beyond individual control.

In introductory statements prefacing a selected bibliography on education and aging, Ward reminded educators that the nature of aging mandated emphasis on interagency responsibility.[69] Although public education should carry the heaviest responsibility, every agency in the community concerned with people should be involved. Ward believed that

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[66]Floyd B. Fischer, "Coordination: The Need in Continuing Adult Education," Adult Leadership, 22 (March, 1974), pp. 291-292.

[67]Ibid., pp. 292-312.

[68]Janet R. MacLean, "The Challenge of Leisure in Later Maturity," in Grabowski, M. and Dean W., op. cit., p. 210.

[69]Betty A. Ward, op. cit., p. vii.

this concern applies equally to voluntary agencies, civic associations, and religious bodies, and to governmental agencies with the special obligation to provide coordination, leadership, and funds, where necessary.[70]

The recent California Higher Education Study For The Aging recognized that the demand for educational opportunities for older persons is increasing at an accelerated rate. At the same time, the study pointed up the need for interinstitutional cooperation. As the summary report stated:[71]

> ...there is a need to promote institutional and agency cooperative planning at community, regional and state levels in order to reduce unnecessary duplication of programs and encourage sharing of teaching resources and physical facilties.

The California study also supported the new roles of regional adult education coordinating councils recently established by the California State Legislature as a means of bringing about better coordination of programs by community colleges and public school adult education.

The Nature and Characteristics of Skilled Nursing Facilities

Butler, in his book Why Survive? Being Old in America, described elderly residents of nursing homes as follows:

> Seventy percent are women simply because they live longer than men. Fifty percent of nursing-home residents either have no living relatives or have no direct relationship with even a distant relative. The average age of residents is seventy-eight. Ninty-six percent are white, a consequence of the shorter life expectancies and greater admission difficulties of minority groups. Sixty to 80 percent are poor--though they may not have been poor when they entered old age--and have been on public assistance or the federalized

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[70] Ibid., p. viii.

[71] California Higher Education Study For The Aging. Summary Report. (Sacramento, California: California Office on Aging), October 10, 1975, p. 27.

> Supplemental Security Income (SSI) program. Some 85 percent of persons who enter nursing homes die there; and the average length of stay is 1.1 years. One-third of all those who are admitted die within the first year; another third live up to three years in the institutions. The remaining third survive beyond three years. The vast majority of nursing home patients have more than one physical ailment. About 16 percent have serious hearing defects and a similar percentage suffer serious visual handicaps.[72]

Butler went on to state that in 1975 more patients were in nursing homes than in hospitals and that expenditures for nursing home care will probably rise faster than any other component of health care in our country.[73]

In discussing the characteristics of an ideal nursing home, Butler included educational activities as one of the essential elements, stating that:[74]

> It (a skilled nursing home) should be the hub of many activities...intellectual and social programs, group and individual counseling...and health education. There should be a social and intellectual climate that makes it possible for the elderly who can and wish to do so, to study, grow, and enjoy themselves.

The United States Senate Subcommittee on Long-Term Care, chaired by Senator Frank Church of Idaho, recently completed a series of hearings and studies dealing with the problem of the aged in health care facilities. In the Introductory Report prepared by the subcommittee, the following portrait was presented of the population in skilled nursing facilities in our country:[75]

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[72]Robert N. Butler, op. cit., p. 267.

[73]Ibid., p. 271.

[74]Ibid., p. 296.

[75]Special Committee on Aging, United States Senate, Introductory Report: Nursing Home Care in the United States: Failure in Public Policy, (Washington, D.C.: United States Senate), 1974, pp. 16-18.

They are very old.

The average age of patients is 82; 95 percent are over 65 and 70 percent are over 70.

Most of them are female.

Women outnumber men two to one in pre-1970 studies and three to one in more recent tabulations.

Most of them are widows.

Sixty-three percent are widowed; 22 percent never married; 5 percent were divorced and only 16 percent are married.

They are alone.

Since more nursing home patients are in their 70's and 80's they may well have outlived their own children. Almost 50 percent have no viable relationship with a close relative, and another 30 percent have only collateral relatives near their own age.

The great majority are white.

Ninty-six percent are white, with blacks accounting for an additional 2 percent. The remainder includes diverse groups such as Mexican-Americans, Asians, Indians, and others.

Most of them come to the nursing home from their private homes.

More than 55 percent of the patients came to the ...facility from their own or relatives homes; 32 percent came from hospitals; 13 percent from other nursing homes or homes for the aged, boarding homes, or other housing.

Most of them could expect to be in a nursing home well over a year.

...many studies indicate that the length of stay...is 2 or more years.

Most patients entering a nursing home will die there.

There is a great variation in statistics on this subject. Some studies indicate that 87 percent of patients died in the nursing home; others reveal that only 4 percent...can ever be returned to the community. The more conservative figures indicate that 50 percent...die in nursing homes; 21 percent are returned to hospitals; 19 percent are sent home and 10 percent are placed in other accommodations.

...Patients generally have about four chronic or crippling disabilities.

Authoritative studies reveal that...patients have 3.8 disabilities. Cardiovascular disease ranks first, experienced by 65 percent...What is loosely termed senility is generally found among 20 percent of the patients; fractures are third most prevalent at 11 percent, followed by arthritis at 10 percent.

A majority of the patients are mentally impaired.
Widely supported data establishes that 55 percent or more... are mentally impaired.

Less than half of the patients can walk.
About 55 percent require assistance in bathing; 47 percent need help in dressing; 11 percent in eating.

They take large quantities of drugs.
Average...patient takes 4.4 different drugs per day, some taken 2 or 3 times; 70 percent take five or more drugs per day.

They regard nursing homes with fear and hostility, and there are sharp increases in the death rate associated with transfer to nursing homes.
Much evidence clearly indicated that old people look upon a nursing home with fear and hostility. It has been documented that old people believe entry into a home is a prelude to death, and that there is a negative relationship between survival and institutionalization.

Most nursing home patients are placed in facilities close to their homes.
Five out of six...patients are housed in facilities less than 25 miles away from their community home.

Some have visitors, but most do not.
Estimates vary, but there is agreement that...patients do not have visitors.

There is little evidence to support the theory that families "dump" their aged into nursing homes.
Most studies indicate that institutionalization is the last, not the first resort, of families.

The Subcommittee Introductory Report also called attention to the fact that in 1971 the average sized skilled nursing facility in the United States had fifty-three beds and that 59 percent had fewer than fifty beds. Of particular interest to the writer, was the finding of a startling growth in size and number of such facilities. As the report indicated:[76]

> There were 290,000 patients in 1960 and 900,000 in 1970,... a 210 percent increase. By 1973 there were more than 1 million patients.

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[76]Special Committee on Aging, op. cit., p. 22.

Some innovative adult education programs were recently described by Marshall based on her observations of programs in California:[77]

> One hospital tried a Saturday morning program for family and patients, and found many more families came to visit the older people because they now had common interests. Conversations centered around "did you read (or hear) the news this morning?" or "the color of that painting could look better if...," rather than "how do you feel today" type of talk that usually ends conversation.
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> Another hospital tried an evening class for the families of their elderly patients, discussing the aging process, and how families can help. Though the group was small, those who attended said they had learned a great deal. Members of the staff were invited to join the class sessions and many did.

Smith, in a comprehensive study in Aging in America, reported two major elements lacking in many skilled nursing facilities: the presence of young people and meaningful involvement of the elderly themselves. As Smith noted, the complaints of many old people had been, "We are tired of seeing other old people. We would like to see some youth."[78]

Smith also cautioned that meaningful involvement is often bypassed in planning for the elderly patients in nursing homes. He noted that "Although recreation programs are in evidence, few of them are mind-stimulants. Most of them closely resemble play therapy or game nights, but a minimum encompass classes, musical concerts, and discussions, projects which involve some of the mental skills which are latent."[79]

Rosemary Howard, in a monograph, In-Service Education For Volunteers

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[77]Marshall, op. cit., p. 2.

[78]Bert K. Smith. Aging in America (Boston, Massachusetts: Bacon Press), 1973, p. 73.

[79]Ibid.

Working in the Field of Gerontology,[80] noted that the skilled nursing facility is a relatively new institution in the United States. Howard indicated that prior to the Social Security Act of 1935 there were few such facilities in existence. Generally speaking, the skilled nursing facility, as it exists today, is recognized as a facility whose major obligation is to assist the patient to help himself remain functional in body, mind, and spirit and to continue his life-style whether he is able to return to his family or community or must spend the rest of his days in the facility.[81]

Howard identified a number of emotional and social changes which those involved in educational programs for the aged should keep in mind in program planning and in-service education for teachers. According to Howard, there are six behavior traits found in geriatric patients and used by older persons to compensate for their being in a skilled nursing facility:[82]

1. Withdrawal...an expression of fear of being hurt emotionally or physically.
2. Self pity...an expression of fear of death, uselessness, and helplessness.
3. Complaining or demanding...a way of asking for recognition and respect. It is also a way of testing the trustworthiness and availability of other people.
4. Somatic complaints...a feeling of being neglected due to the social, physical, and often financial restrictions imposed on the patient.

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[80] Rosemary Howard. In-Service Education For Volunteers Working in the Field of Gerontology (San Jose, California: San Jose State University), January, 1975.

[81] Ibid., p. 17.

[82] Ibid., pp. 19-20.

5. Confabulation...a method of "covering up" for memory losses in order to maintain self-esteem.

6. Suspiciousness...a result of a feeling of being disliked and the accompanying feeling of uselessness, and loneliness...

In discussing social changes, Howard identified four "basic anchorages" that people form throughout life:[83]

1. an intact body and body image
2. an acceptable home
3. a socio-economic anchorage
4. a meaningful purpose in life

In examining the above four social changes and their application to the aged in skilled nursing facilities, Howard observed that:[84]

> Most (skilled nursing facility residents)...have suffered loss of various important aspects of physical functioning: key family members, close friends, and associates, former occupations and activities, and home. That leaves the patient the fourth anchorage, a meaningful purpose in life as the cornerstone of his social existence. This anchorage must be kept intact for the geriatric patient in order to assure his sense of personal identity and self fulfillment.

E. V. Cowdry, writing about the care of geriatric patients in skilled nursing facilities, noted that all of us have a responsibility to see to it that the elderly in such facilities receive more than protective and health care.[85] As Cowdry observed, "...we must see that age, infirmity, and illness do not deprive persons who live in nursing homes of the opportunity to extract from the days left to them all the

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[83]Howard, op. cit., p. 20.

[84]Ibid.

[85]E. V. Cowdry, Editor. The Care of the Geriatric Patient (St. Louis, Missouri: The C. V. Mosby Company), 1968, p. 383.

personal and social satisfaction of which they are capable."[86]

Summary of the Literature

There is an ever increasing concern on the part of educators and those interested in gerontology about the educational needs of the aged, particularly those residing in skilled nursing facilities. The demographic imperative of the situation speaks for itself. Growth of the older population on the local, state, and national level has been dramatic and there is every indication of continued growth in the future. There exists a considerable body of research on the educational needs of the aged, much of which points up little or no significant decline in learning ability with age. The data identifies a number of needs for the aged, from the four "categories of need" by Howard McClusky to the cry for a "new image" for the older adult advocated by practitioners in the field of education for the aging.

Little existing research focuses on involvement of the aged themselves in planning programs to meet their own needs and interests, particularly with regard to the aged residing in skilled nursing facilities. The sparse findings reported stress the need for coordination of resources, institutional and agency cooperative planning, and, perhaps most important of all, the need to plan meaningful educational programs with the elderly, rather than for them.

The growth of skilled nursing facilities has been startling, although they are relatively new institutions. Successful adult education programs have been implemented in these facilities and it behooves administrators in adult education to d evelop meaningful programs to

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[86] Ibid.

meet the educational needs of the elderly.

The general conclusions, observations, and testimonials of authorities derived from a review of the literature proved helpful in charting the general direction of the practicum.

Guidelines from the Literature

The review of the literature assisted the writer in planning a model program for residents in skilled nursing facilities within the service area of the Sequoia Union High School District. This model program was based on guidelines found in the literature along with the data derived from a needs assessment.

Among the more significant guidelines derived from the review of the literature were the following:

1. Education should improve the quality of life for all citizens, regardless of age and physical circumstances.

2. Although there may be some changes in the speed of learning, older people have the ability to learn and can profit from well-designed educational programs to meet their needs and interests.

3. Meaningful involvement of the elderly themselves is an essential component of program planning.

4. Educational programs for the aged should be developed cooperatively with other educational institutions and agencies.

5. A coordinated approach to the delivery of educational services for the elderly will reduce unnecessary duplication of effort and encourage the sharing of resources.

6. Instructors assigned to teach the elderly should understand the process of aging and develop sensitivity to the special educational needs of the aged.

7. Interaction between the elderly and those younger, especially youth of high school age, will benefit both groups.

IV DEVELOPING A PRACTICUM DESIGN

Faced with increased interest and demand for establishing adult education programs in skilled nursing facilities within the Sequoia district, the Assistant Superintendent, Educational Services, Sequoia district, authorized the practicum writer to develop data, plan, and implement the components of a comprehensive model program to serve the educational needs and interests of the elderly residing in these facilities. As the Director of Adult Education, the practicum writer had total responsibility for the administration, supervision, and budget for the adult program in the school district.

At the time the model program was initiated, at the beginning of the fall quarter, September, 1976, there were eleven skilled nursing facilities within the service area of the Sequoia district. Grouped by the three major geographical areas of the school district, these facilities were as follows:

Belmont-San Carlos area:

Belmont Convalescent Hospital
Carlmont Convalescent Hospital

Redwood City area:

Devonshire Oaks Convalescent Hospital
Laurel Glen Convalescent Hospital
Sequoia Extended Care Hospital
Woodacre Knolls Convalescent Hospital

Menlo Park area:

Hillhaven Convalescent Hospital
Menlo Park Extended Care Hospital
Sharon Heights Convalescent Hospital
University Branch Convalescent Hospital
Whitcomb Convalescent Hospital

Structure of the Practicum

General planning for the practicum started in March, 1976, when problems were experienced as a result of the introduction of one adult education class in a skilled nursing facility in the Redwood City area. During the initial planning period for the practicum, a literature search and needs assessment were conducted, a gerontology educational consortium formed, and relationships were established with other agencies and institutions in the community. The model program was introduced into three of the eleven skilled nursing facilities in the Sequoia district with the beginning of the fall quarter, September, 1976. These facilities were Belmont Convalescent Hospital (Belmont-San Carlos area), Laurel Glen Convalescent Hospital (Redwood City area), and Sharon Heights Convalescent Hospital (Menlo Park area). If the model program proved successful, the practicum design anticipated implementation into the remaining eight nursing facilities in the district in September, 1977. Soon after the model program was introduced it became apparent that the effectiveness of the program warranted implementation in the remaining nursing facilities before the end of the 1976-77 school year.

Prior to the implementation of the program, a proposal was made to the Assistant Superintendent, Education Services, in March, 1976, relative to the waiving of registration fees for senior citizens 62 years of age or over. Existing registration fees in the adult program were $3.50 per class per quarter. The only exception to this policy was contained in State of California and local district regulations which mandated that fees be waived for Americanization classes, Basic

Adult Education classes, and classes taken by adults working toward high school diplomas. The recommendation for waiving registration fees for senior citizens was made in order to recognize the financial problems faced by the aged in the community and to conform with practices in surrounding school district. The writer also projected that the resulting increase in average daily attendance (A.D.A.) would more than offset the loss from registration fees. After a series of conferences with the Assistant Superintendent and members of his staff, agreement was reached to waive fees for senior citizens effective with the beginning of the fall quarter, 1976, at the time the model program was implemented.

In April, 1976, a series of conferences were held with the head of the gerontology department, Canada College. These conferences laid the groundwork for establishing a planning committee to assist the writer in developing a model program. The writer and the head of the gerontology program scheduled an exploratory meeting on April 30, 1976, to which directors of adult schools in the county, representatives from community college districts, and representatives from the county Area Agency on Aging were invited. (See Appendix B)

The chairperson for the meeting of April 30 was the Director of the county Area Agency on Aging. At the meeting the practicum writer presented a working draft of the needs assessment and discussed plans for developing a model program in the Sequoia district. Other items discussed included the need to coordinate services already being provided the aged and the need to clarify the roles and responsibilities of educational institutions and agencies serving the needs and inter-

ests of the aged. As a result of this initial meeting, a roster of institutions and agencies providing services to the aged was compiled and disseminated throughout the county. Participants at the meeting offered a number of suggestions regarding the content of the needs assessment and recommended that the initial group be broadened to include representatives from each of the skilled nursing facilities in the county. As an outgrowth of this meeting, a Gerontology Educational Consortium was formed to plan and coordinate programs for the aged in the Sequoia district and the county. A follow-up meeting was scheduled for May 30 which was hosted by Canada College. Representatives attending the previous meeting and representatives from institutions and agencies in the roster that was developed were invited to participate. Administrators and activity directors of skilled nursing facilities in the county were also invited.

An invitation letter was sent by the Gerontology Educational Consortium to representatives of the following institutions and agencies in the county:

College of San Mateo
Skyline College
South San Francisco Adult School
Cabrillo Unified Adult School
San Mateo Union High School District Adult School
Jefferson Union High School District Adult School
City of San Mateo Parks and Recreation Department
Menlo Park Recreation Department
Burlingame Recreation Department
Woodside Recreation Department
Foster City Recreation Department
Redwood City Recreation Department
San Mateo County Office of Education
San Mateo Regional Occupational Program
San Mateo Area Agency on Aging
Administrators and activity directors of all skilled nursing facilities in San Mateo county.

The letter from the consortium (Appendix A) indicated that the purpose of the May 30 meeting was "...to bring personnel from the county education and recreation programs together with appropriate personnel from skilled nursing facilities to discuss our common concerns in order to develop the best educational programs (for the aged) that could be provided." The letter stated that the consortium recognized the importance of providing educational classes to elderly residents in skilled nursing facilities and the importance of coordinating existing resources.

The chairpersons for the May 30 meeting were the president of Canada College and the head of the gerontology program at the college. Major items considered at the meeting included the need for cooperative planning on the part of the adult schools, the community colleges and skilled nursing facilities. Those present reached agreement on the following considerations related to the educational programming for residents and staff members of skilled nursing facilities:

1. The need for more flexibility regarding the approach to curriculum, along with a realistic assessment of the offerings related to the mental-physical states of residents.

2. The need to provide orientation and in-service training for instructors assigned to teach in skilled nursing facilities in order to have instructors become more sensitive to the needs and interests of the elderly.

3. The need to train volunteers, preferably high school students, to work alongside instructors in nursing facilities.

4. The need to provide sufficient time for activity directors of skilled nursing facilities to discuss programming needs with instructors.

5. The need for those involved in educational programs for

the elderly to understand each other's role, responsibilities, and constraints.

6. The need for instructors to develop a better understanding and awareness of the process of aging.

Participants at the meeting expressed their support for a continuing consortium structure to explore and discuss problems common to all participants. Agreement was reached by those present to support the efforts of the Sequoia district in its overall goal of developing a model program for skilled nursing facilities within its service area. It was also agreed that the needs assessment instrument should be administered by the writer during August, 1976, in order that data be obtained and analyzed in sufficient time for purposes of implementing the model program in September, the beginning of the fall quarter of the Sequoia Adult School.

The consortium formed as a result of the April 30 meeting continued to meet on call during the 1976-77 school year and served as an advisory body to the writer during the formulation, monitoring, and evaluation phases of the model program.

V NEEDS ASSESSMENT

A needs assessment was carried out in two phases to collect data for designing the model program. The needs assessment instrument used in phase I was developed after a review of the research literature, a series of meetings with representatives from the gerontology program at Canada College, and input from a representative sampling of administrators and activity directors of the nursing facilities in San Mateo county. After the needs assessment instrument was refined, it was administered to the eleven administrators of skilled nursing facilities within the service area of the Sequoia district. The administration of this needs assessment (see Appendix D) constituted phase I of the assessment process. Phase II consisted of a series of interviews with residents of the three skilled nursing facilities where the model program was instituted beginning with the fall quarter, September, 1976.

Data Collection - Phase I

A preliminary draft of the instrument to be used in phase I was administered by the writer at a meeting held at Canada College to sample interest in the model program and determine the appropriateness of the instrument as a means of collecting the needed data. A number of suggestions obtained at the meeting were incorporated into the final draft of the instrument.

The instrument used in phase I of the assessment process was mailed to the eleven administrators of skilled nursing facilities within the Sequoia district accompanied by a cover letter describing the purposes of the survey. As a result of the first mailing, nine questionnaires, representing 82 percent of the sample, were returned. The

remaining two questionnaires were returned after a follow-up letter. After the questionnaires were tabulated and analyzed, it became apparent that additional data were needed. Personal interviews of the elderly residents of the three facilities were conducted and these personal interviews constitute phase II of the assessment process.

The needs assessment instrument used in phase I was designed to:

1. Identify existing services, facilities, and staff at each of the skilled nursing facilities.
2. Ascertain the degree of flexibility for developing programs of varying length and at different times during the day or evening.
3. Determine which courses were the most desirable for residents as well as who should be involved in the selection of courses.
4. Identify the needs of skilled nursing facilities for developing adult education programs and services.
5. Identify the characteristics of the residents of skilled nursing facilities.
6. Elicit the perceptions of administrators of skilled nursing facilities as to the need for in-service training for adult school instructors.
7. Determine the desirability of assigning student volunteers to work with adult school instructors and interact with the elderly residents in nursing facilities.
8. Obtain suggestions on the overall value of the program.

Analysis of the Data

Data obtained from phase I of the needs assessment are presented in Tables 1 to 11. Each table is accompanied by a paragraph or two of analysis.

Table 1
Capacity (number of beds); Number of Residents;
Percent of Capacity, Skilled Nursing Facilities,
Sequoia Union High School District

Facility	Capacity (No. of Beds)	Number of Residents	Percent of Capacity
Belmont Consalescent Hospital	32	31	96.9
Carlmont Convalescent Hospital	50	46	92.0
Devonshire Oaks	68	49	72.1
Hillhaven Convalescent Hospital	53	52	98.1
Laurel Glen Convalescent Hospital	45	45	100.0
Menlo Park Extended Care Hospital	160	160	100.0
Sequoia Extended Care Hospital	76	38	50.0
Sharon Heights Convalescent Hospital	96	87	90.6
University Branch Convalescent Hospital	80	75	93.8
Whitcomb Convalescent Hospital	54	53	98.2
Woodacre Knolls	16	16	100.0
Totals	730	652	89.3

Capacity, Number of Residents, Percent of Capacity (Table 1)

The capacity (number of beds) of the facilities surveyed ranged from a low of 16 to a high of 160. All of the facilities meet the existing adult school requirements for facilities that would accommodate a minimum class size of 15 students, assuming that most residents in the nursing facilities would enroll. This minimum number of students per class had been established by the Sequoia district as a measure of cost-effectiveness under existing budgetary formulas for the financing of adult education. Nine of the eleven facilities were at or near capacity. Two of the facilities, Devonshire Oaks and Sequoia Extended Care were considerably under capacity, the former being at 72.1 percent of capacity and the latter at 50 percent of capacity. Further investigation revealed that Devonshire Oaks planned a substantial increase in the number of residents by October, 1976. Sequoia Extended Care Hospital was located adjacent to an acute care hospital and, consequently, was subject to a fluctuating patient load. At the time of the survey the eleven facilities were 10.7 percent below total capacity.

Table 2
Number of Residents, Male and Female, Skilled
Nursing Facilities, Sequoia Union High School District

Facility	Male	Female	Total
Belmont Conv. Hospital	3	28	31
Carlmont Conv. Hospital	11	35	46
Devonshire Oaks	12	37	49
Hillhaven Conv. Hospital	14	38	52
Laurel Glen Conv. Hospital	10	35	45
Menlo Park Extended Care Hospital	16	144	160
Sequoia Extended Care Hospital	11	27	38
Sharon Heights Conv. Hospital	17	70	87
University Branch Conv. Hospital	15	60	75
Whitcomb Conv. Hospital	8	45	53
Woodacre Knolls	4	12	16
Totals	121	531	652

Number of Residents, Male and Female (Table 2)

As may be seen from Table 2, 121, or 18.6 percent, of the residents were male and 531 residents, or 81 percent, were female. The high percentage of female residents followed the national pattern as reported in the research literature reviewed. The data obtained proved valuable in helping determine the adult school classes that might be offered. Although the average length of stay for a resident was not asked in the survey instrument, further investigation revealed that the average length of stay for residents was 1.5 years. Data of this nature were significant in planning programs, since continuity was an important consideration in establishing new programs. Further investigation also revealed that 20 percent of the residents had been in the same facility for a period of four years or longer.

Table 3
Average Age of Residents, Skilled Nursing Facilities
Sequoia Union High School District

Facility	Average Age of Residents
Belmont Convalescent Hospital	81.0
Carlmont Convalescent Hospital	82.8
Devonshire Oaks	80.0
Hillhaven Convalescent Hospital	78.0
Laurel Glen Convalescent Hospital	83.5
Menlo Park Extended Care Hospital	80.0
Sequoia Extended Care Hospital	72.0
Sharon Heights Convalescent Hospital	81.0
University Branch Convalescent Hospital	83.0
Whitcomb Convalescent Hospital	78.0
Woodacre Knolls	76.0
Average Age	79.6

Average Age of Residents (Table 3)

The average age of residents for all nursing facilities combined was 79.6 years. Although the Sequoia Adult School offered a limited program for senior citizens in the past, these programs were generally geared to those in the from 55 to 65 year old age group, most of the programs being offered at one of the senior citizens centers in the school district. The courses offered consisted mainly of pre-retirement planning and enrichment courses in the fine arts field. The age level data on those residing in skilled nursing facilities clearly indicated we were dealing with a population whose needs and interests differed significantly from other segments of the older population previously served.

Follow-up interviews revealed that 35 percent of the residents had completed high school, 40 percent had not, and 25 percent had attended college for one or more years.

Table 4
Existing Services, Skilled Nursing Facilities,
Sequoia Union High School District

	Medical care	Skilled nursing care	Mental health	Speech therapy	Physical therapy	Occupational therapy	Activity programs	Other
Belmont Conv. Hospital	x	x		x	x	x	x	Counseling; recreation therapy
Carlmont Conv. Hospital	x	x			x	x	x	
Devonshire Oaks	x	x			x	x	x	
Hillhaven Conv. Hospital	x	x		x	x	x	x	
Laurel Glen Conv. Hospital	x	x		x	x	x	x	
Menlo Park Extended Care Hospital		x			x	x	x	
Sequoia Extended Care Hospital	x	x	x	x	x	x	x	Social service
Sharon Heights Conv. Hospital	x	x		x	x		x	
University Branch Conv. Hospital	x	x			x		x	
Whitcomb Conv. Hospital	x	x		x	x	x	x	
Woodacre Knolls	x	x					x	

Services Provided by Skilled Nursing Facilities (Table 4)

A variety of services were provided in the eleven facilities. While all of the facilities offered activity programs, these were generally limited to meeting the social and recreational needs of residents. Further investigation revealed that some of the facilities had made an effort to plan educational activities, but these were usually single events consisting of a lecture, a film, or a demonstration.

Table 5
Physical Facilities, Skilled Nursing Facilities,
Sequoia Union High School District

Belmont Convalescent Hospital	Large activity room; audio-visual equipment and facilities for darkening room
Carlmont Convalescent Hospital	Large crafts room; large recreation room
Devonshire Oaks	Recreation room
Hillhaven Convalescent Hospital	Recreation room
Laurel Glen Convalescent Hospital	Recreation room; lounge room
Menlo Park Extended Care Hospital	Large multi-purpose room
Sequoia Extended Care Hospital	Large recreation room
Sharon Heights Convalescent Hospital	Large recreation room; dining room with movable furniture
University Branch Convalescent Hospital	Large crafts/recreation room; facilities for showing films
Whitcomb Convalescent Hospital	Recreation room
Woodacre Knolls	Recreation room

Physical Facilities for Conducting Adult School Classes (Table 5)

All of the skilled nursing facilities included in the survey had adequate physical facilities for conducting classes. These facilities typically included a large recreation room, multi-purpose room, crafts room, or a dining room with movable furniture. All of the assembly areas were easily accessible for residents confined to wheelchairs. Adequate facilities for conducting adult education classes were particularly important since regulations of the California State Department of Education prohibited classes from being held in other than clearly defined classrooms or assembly rooms. In addition to the availability of rooms that would accommodate a minimum of fifteen adults, it was necessary to take into account the state requirement that no class for adults shall be maintained by any school district if such a class is not open to the general public. All classes offered by the Sequoia Adult School, in order to conform with this regulation, were approved by the state and included in the printed schedule of classes distributed annually to all members of the community.

Table 6
Staffing Patterns, Skilled Nursing Facilities,
Sequoia Union High School District

	Administrators	Activity Directors	M.D.'s	Nurses	Nursing Aides	Social Workers	Recreation Workers	Physical Therpists	Speech Therapists	Volunteers	Others
Belmont Conv	1	1	1	6	11	C	0	C	C	6	Psychologist
Carlmont Conv.	1.5	1	1	7	18	0	0	2*	0	9	Occupational Therapist
Devonshire Oaks	1	1	0	18	50	0	1	1	0	3	
Hillhaven Conv.	1	1	0	11	21	C	0	C	C	10	Medical Director; consulting Pharmasist
Laurel Glen Conv.	2	1	1	4	28	0	6	0	0	40	4 licensed vocational nurses
Menlo Park Extended	1	1.5	0	15	70	1	0	4	0	50	
Sequoia Extended	**	1	**	**	**	1	0	1	1	15	
Sharon Heights Conv.	1	1	0	8	40	0	1	0	0	12	3 licensed vocational nurses
University Branch Conv.	1	1	0	11	20	0	0	0	0	5	
Whitcomb Conv.	1	1	0	8	30	0	0	1	0	0	2 voluntary Activity Directors
Woodacre Knolls	1	0	0	6	6	0	0	0	0	0	

C = consultant staff only
* = part-time
** = on fulltime staff of adjacent acute care facility

Staffing (Table 6)

Staffing of the eleven facilities varied with the size of the facility. Ten of the eleven facilities employed a full-time administrator. At the Sequoia Extended Care Hospital, the administrator of the adjacent acute health care hospital was also in charge of the skilled nursing facility. Ten of the eleven facilities had an activity director, a position that became critical when classes were planned and established. Nine of the eleven, or 81.8 percent, had volunteer workers from the community who assisted the administrators and activity directors in providing recreational outlets for residents.

Table 7

Ratings by Administrators, Skilled Nursing Facilities, Sequoia Union High School District with Regard to Adult Education Course Offerings

	RATINGS					
COURSES	4	3	2	1	0	Total number of responses
Current Events	9	1	0	0	0	10
Contemporary Literature	0	1	4	2	1	11
Crafts	7	4	0	0	0	11
Painting	4	3	2	0	1	10
Ceramics	2	5	1	2	1	11
Psychology	1	0	2	2	5	9
Basic Drawing	2	2	4	1	0	9
Lip Reading	0	2	2	2	3	9
Physical Exercises	10	0	0	0	0	10
Science	0	4	1	3	2	10
Philosophy	1	3	3	1	2	10
Investments	0	2	5	0	4	11
Income Tax Preparation	0	1	4	0	3	8
Government	4	3	2	0	1	10
United States History	3	4	1	0	1	9
Staying Mentally Young	7	2	1	0	0	10
Music Appreciation	7	2	1	0	0	10
Vocational Training	0	1	5	0	3	9
OTHERS:						
Art Appreciation	6	0	0	0	0	6
Sewing	1	0	0	1	0	2
Affirmative Living/ Reality Orientation	4	0	0	0	0	4

4 Highly Desirable
3 Moderately Desirable
2 Moderately Undesirable
1 Highly Undesirable
0 Lack information to judge

Adult Education Course Offerings (Table 7)

Of particular significance to the model program were the perceptions of administrators of the skilled nursing facilities as to what courses would be the most desirable for the elderly residents. The administrators were asked to rate a list of 18 adult education courses on a 5-point scale as follows:

4 Highly Desirable

3 Moderately Desirable

2 Moderately Undesirable

1 Highly Undesirable

0 Lack Information to Judge

Administrators were also given the opportunity to list additional courses not included in the list of 18 courses in the questionnaire. The additional courses listed by administrators are shown under "others" in this table.

The eleven respondents did not all answer all parts of this question. Courses receiving the highest ratings included Current Events, Crafts, Physical Exercises, Staying Mentally Young, and Music Appreciation. It was interesting to note that ten of the respondents indicated Physical Exercises as a "highly desirable" course offering. Courses that received the most "highly undesirable" or "moderately desirable" ratings included Lip Reading, Philosophy, Investments, Income Tax Preparation, and Vocational Training. Six respondents wrote in Art Appreciation as a "highly desirable" course offering and four of the respondents wrote in Affirmative Living/Reality Orientation as being "highly desirable."

Table 8
Rankings in Order of Desirability Regarding Involvement in the Selection of Adult Education Programs or Courses

INVOLVEMENT BY:	RANKINGS					
	5	4	3	2	1	Total Number of Responses
Adult School Staff	2	1	3	4	0	10
The Aged Themselves	3	1	3	3	0	10
Activity Directors of Skilled Nursing Facilities	6	5	0	0	0	11
Advisory committees made up of the adult school staff, activity directors, and the aged	9	0	0	0	2	11
Community agencies	0	0	1	3	6	10

Selection of Adult School Classes (Table 8)

Nursing facilities administrators were asked to rank in order of desirability on a scale from 5 (highest) to 1 (lowest) the involvement of the following in selecting adult school programs or classes: Adult school staff; the aged themselves; activity directors of the skilled nursing facilities; an advisory committee composed of adult school staff, activity directors, and the aged; and community agencies. Table 8 summarizes their rankings.

Eleven respondents did not answer all parts of this question. Nine of the eleven assigned the highest ranking to the involvement of an advisory committee composed of adult school staff, activity director, and the aged themselves in the selection of courses. Follow-up interviews with each of the administrators and activity directors revealed a strong preference for committees to be established at each of the facilities. Six respondents ranked the activity director as the one person who might be involved in the selection of courses. With regard to the role of community agencies in course selection, six of the ten respondents ranked this item lowest.

Table 9
Desirable Length of Adult Education Courses

	Ranking in Order of Desirability					
	5	4	3	2	1	Total Number of Responses
Single events	3	0	0	0	8	11
4 weeks	1	1	0	7	1	10
6-7 weeks	1	1	5	3	0	10
8-10 weeks	3	5	1	0	1	10
10-12 weeks	10	0	0	0	1	11

Length of Adult Education Courses (Table 9)

Administrators of nursing facilities were asked to rank in order of preference on a scale of from 5 (most preferred) to 1 (least preferred) the desirable length of courses to be offered. As may be seen from Table 9, ten of the eleven respondents felt that courses should be between ten and twelve weeks duration. Only one respondent assigned the lowest ranking to courses of that duration. Interestingly enough, the regular offerings of the adult school are organized on a three quarter system - a fall quarter of twelve weeks; a winter quarter of ten weeks; and a spring quarter of ten weeks. Courses are also offered during the summer quarter on a limited basis. Eight of the eleven ranked single events as being the least important. Although Sequoia adult education courses vary in length, courses were not offered for less than five weeks. State regulations require that classes offered for state apportionment meet a minimum of four times.

Table 10
Desirable Length of Individual Class Sessions

Length of Class Sessions	Ranking in Order of Desirability					
	5	4	3	2	1	Total Number of Responses
1 hour	8	1	2	0	0	11
1 1/2 hours	9	0	0	1	1	11
2 hours	0	3	3	0	3	9
2 1/2 hours	0	0	0	5	5	10
More than 2 1/2 hours	0	0	0	0	10	10

Length of Class Sessions (Table 10)

Using a 5-point scale, Table 10 summarizes the rankings of respondents' opinions on the most desirable length of individual class sessions. There was strong preference for classes one hour in length (8 of 11 responding) and for classes one and one half hours in length (9 of 11). There was also agreement that classes meeting for more than two and one half hours were the least desirable. Adult school classes in the regular program vary in length from one and one half hours to four hours, the majority being from two to three hours in length.

Table 11
Desirable Time of Day for Classes

Time of Day for Adult Classes	Ranking in Order of Desirability					
	5	4	3	2	1	Total Number of Responses
Morning	6	1	1	2	1	11
Afternoon	8	1	1	0	1	11
Early Evening	2	2	2	2	2	10
Late Evening	1	1	0	1	7	10
Weekends	1	0	3	0	7	11

Time of Day (Table 11)

Using a 5-point scale, Table 11 summarizes the opinions of administrators regarding the best time of day for scheduling adult education classes. On the basis of individual options, six of the eleven respondents indicated that morning classes were highly desirable and eight of the eleven said the same of afternoon classes. Seven out of the ten responding to the question of late evening classes, ranked this their lowest choice. Weekend classes also received a low ranking, seven out of the eleven respondents assigning this their lowest ranking.

Training of Adult School Instructors:

An open-ended question asked for "suggestions as to what should be included in an orientation program and in-service education program that the Sequoia Adult School is planning to provide for instructors assigned to teach in skilled nursing facilities." Seven of the eleven respondents to this question suggested the following:

> Be receptive and sensitive to: (1) ability to individualize re: patients, handicaps, facility; (2) skill of watching and listening; (3) ability to adapt programs to accommodate individual differing circumstances.
>
> The necessity to speak loudly and distinctly.
>
> The psychology of aging - the problems and pleasures to expect.
>
> The importance of one-to-one contact for building rapport and interest in the subject matter.
>
> An understanding of the elderly - their ways, wants, needs, and limitations.
>
> Some kind of a workshop...regarding the aged and the problems they and the staff face while working together. Having...books available for the adult school staff...which specifically deal with senility, and how to deal with it and the patient, and some of the physical and mental disabilities that can accompany strokes and some of the other diseases that typify the older patient.
>
> Understanding of the short interest span and of the different interest levels of the student.

Student Volunteer Programs:

Respondents were asked to indicate their feelings about student volunteers from a local high school assisting instructors in adult education courses in their facility. The following statements were made:

> Good if prepared and guided by adult education teacher.
>
> I feel that high school students assisting in the courses is an excellent idea. The patients enjoy children of all ages and look forward to visits from students. I feel it is also

important for the students to become involved with the elderly. Many children and adolescents do not have much contact with the elderly because their own grandparents may not be available. It is important for their understanding of life and death to be exposed to the elderly.

Excellent idea - provided the students are taught how to approach geriatric patients.

I have no objections and it could be very helpful to instructors and patients who need more guidance.

A good idea.

...an asset to the facility and patients.

I think it would be a great idea...if the students were sincerely interested, and were enthusiastic, and outgoing. It would be a fantastic experience for those students who plan to seek medical careers, or for those who think they would like to work in the medical field.

I would welcome having high school volunteers assisting with courses. It gives patients more one-to-one. The volunteers could assist us in getting patients to and from activities. These volunteers should be sensitive as to the patients condition and situation.

I would be willing to work with a group if they have a deep interest or caring of the elderly...otherwise it doesn't work too well.

I think they should be carefully screened. Properly handled, everyone could benefit. Students should have periodic meetings with the instructor and/or activity director.

General Comments and Suggestions:

Respondents were asked to indicate "comments, suggestions, etc. regarding adult education programs for residents of skilled nursing facilities." Replies received to this question were as follows:

Please help...just because the minds are older does not mean they do not deserve stimulation. These people have paid taxes for years and deserve education on the same level as any other citizen in the community.

There is no richer relationship than that of a teacher skilled in relating to the "older" person with a well prepared class with pertinent information...for residents of a skilled nursing home.

Incorporate community resources into programs.

Try to capitalize on the residents' childhoods...adult classes may provide them with the only chance to talk about themselves and their childhoods.

We are very much in need of adult education courses for our facilities in the Sequoia district. We have enough alert patients who would benefit from these programs.

The finished product of the class is not as important as the participation in the class.

Your survey is a super idea. Our programs would be enhanced with adult school courses. It would be nice if adult education teachers could be available...during the evening and on weekends.

We would welcome staff and programs. This is a wonderful opportunity for our patients to learn and to share in an educational environment. The diversion is beneficial to their well being and rehabilitation.

Data Collection - Phase II

Phase II of the needs assessment consisted of interviews with a sample of the residents of the three facilities where the model program was instituted beginning with the fall quarter, September, 1976.

The writer conducted the interviews on three successive afternoons, the sample consisting of the following population:

Belmont-San Carlos area:	No. Residents Interviewed	Total No. of Residents	Percent in Sample
Belmont Convalescent Hospital	11	46	23.9
Redwood City area:			
Laurel Glen Convalescent Hospital	10	45	22.2
Menlo Park area:			
Sharon Heights Convalescent Hospital	19	87	21.8

The interviews were non-structured and informal. In each of the three facilities the writer explained the plans of the adult school to develop adult education programs for residents and asked residents for their reactions as to the need for these classes and types of classes that would interest them most.

Reactions and opinions received from elderly residents generally confirmed the results of the formal needs assessment administered in phase I. Residents were not interested in taking adult education classes for credit, but rather for their own mental stimulation and enrichment. The majority of those interviewed expressed an interest in attending weekly classes throughout the school year. Although the feelings of residents varied with regard to the length of individual class sessions, a majority pointed out that they tire easily and that classes of one to two hours would be the most desirable. Residents also indicated that the selection of courses should keep in mind their strong needs for "familiarity" and "nostalgia." As residents pointed out, their favorite television program was the Lawrence Welk show. They looked forward to this weekly show because of its strong emphasis on nostalgia, bringing back fond memories. Subjects most often mentioned as being of interest included current events, history, physical exercises, and appreciation of the fine arts.

It was clear to the interviewer that residents felt lonely and isolated from both their loved ones and the outside world. They were eager to have the classroom come to them and looked forward to participating in adult education classes that would keep their minds and bodies active. Twenty percent of those interviewed expressed an interest in seeing younger people in the setting of the skilled nursing facility.

VI OBJECTIVES OF THE MODEL PROGRAM

As a result of the literature search, a needs assessment consisting of a questionnaire, follow-up interviews with a random sample of elderly residents of skilled nursing facilities, and feedback from participants in the Gerontology Education Consortium, the following objectives for a model adult education program in three skilled nursing facilities within the Sequoia Union High School District were developed:

1. To serve the special educational needs and interests of the elderly residents in skilled nursing facilities by the development and implementation of a comprehensive adult education program which would serve as a model for the delivery of effective educational services for the elderly. This was measured by the stated feelings of the elderly themselves in written form and follow-up interviews.

2. To develop for those involved in skilled nursing facilities (instructors, administrators, activity directors) an understanding of each other's role, responsibilities, and constraints. This was measured by written and oral responses from participants.

3. To provide orientation and in-service training for instructors assigned to teach in skilled nursing facilities in order to make them aware of and sensitive to the needs of the elderly, thereby improving the instructional program. This was measured by instructor satisfaction and the improvement of instructional strategies and skills based on personal observations by the Director of Adult Education and guidance personnel in the adult education program.

4. To coordinate resources, activities, and services for the elderly residing in skilled nursing facilites in order to improve the delivery of educational services and avoid duplication of effort wherever possible. This was measured by interviews with participating agencies and the approval by the respective school boards of a delineation of functions agreement in accordance with recently enacted state legislation.

5. To develop data on the cost-effectiveness of adult education programs in skilled nursing facilities. This was measured by analyzing and comparing data regarding comprehensive costs of the program and comparing it with other parts of the adult education program.

6. To develop and implement a volunteer component as a part of the model program emphasizing integration and interaction between the aged and other members of the community, particularly high school youth. This was measured by written and oral responses from those involved in the program.

Objectives 1, 3, 4, 5, and 6 were developed as a result of the literature search and the needs assessment; objective 2 was developed as a result of the needs assessment.

VII COMPONENTS OF THE MODEL PROGRAM

Selection of Instructors

In preparation for the model program, the writer began interviewing prospective adult school instructors during the summer months of 1976. As Director of Adult Education, the writer was responsible for the recruitment, selection, and placement of all instructors in the adult program. The normal sources for teacher applicants were notified, including placement offices at neighboring universities and the personnel officers of other adult schools in the area. Thirty-four candidates were interviewed, ten of whom were employed during the first year of the model program. These ten instructors, along with one instructor previously teaching one class in a nursing facility, made up the certificated staff involved in the program. Of the ten new instructors, six possessed an A.B. degree in the subject field they were assigned to teach; three held an M.A. degree in their subject field; and one held a Ph.D. in his subject field. Two had no previous teaching experience, two had two years or less of teaching experience at the elementary level, and six had from six months to two years prior experience in adult education. Of the six with prior experience in adult education, three had recent experience teaching in health care facilities in the Bay Area. All of the candidates qualified for California adult school teaching credentials.

During the course of the interviews with prospective instructors for the model program, the writer posed the following questions as a part of the interviewing process for all candidates:

1. How do you feel about teaching in a health care facility?
2. Do you feel comfortable working with older people?

3. Are you flexible enough to change lesson plans when the situation warrants it?

4. Do you have the ability to establish and maintain effective working relationships with staff members in the health care facilities?

5. What kinds of instructional strategies will you use in your classes in health care facilities?

6. What means of evaluation do you believe would be best suited to adult classes in nursing facilities?

7. How do you feel about working with the aged, the ill, and the disabled?

8. Will this assignment be mentally stimulating enough for you?

9. Do you have patience and a sense of humor?

10. Do you see any value in having high school student volunteers assisting you with your classes? If so, what kinds of activities would be suitable for involving students?

Development of Curricula for the Model Program

Three conferences were scheduled by the practicum writer with instructors selected to teach in the program. Two of the conferences were related to developing curricula and preparing brief course outlines for the model program. The third conference was designed to give instructors an understanding of the goals of the model program, an understanding of the process of aging, and an introduction to the kinds of problems faced in skilled nursing facilities. This conference will be described in greater detail in the section dealing with in-service training.

Using the data obtained from the needs assessment, the first conference consisted of a general discussion of the course the instructor would teach, including course objectives. Instructors were informed

that, prior to beginning a class in a nursing facility, they must submit a course outline which would have to be approved by the practicum writer, the administrator or activity director of the nursing facility and, where possible, a group of elderly residents of the facility. Instructors were also informed that one additional step remained--the course outline would be presented to the Bureau of Adult Education, California State Department of Education, for final approval for apportionment purposes.

A standard format was required for the course outlines. This format consisted of three sections: (1) Introduction (a brief description of the course), (2) Course Content, and, (3) Course Objectives. Courses developed and implemented during the model program included:

Affirmative Living for Senior Citizens

Art Appreciation

California History - with emphasis on the Bay Area

Crafts

Music Appreciation

Physical Exercises for the Elderly

Watercolor Painting

World Cultures - Past and Present

During the second conference the course outline was submitted, questions were asked, and agreement was reached as to whether or not to proceed with the course.

Outlines of the courses are included in Appendix C. In addition to the courses being approved as a part of the process described, all courses in the model program were approved by the San Mateo County Adult and Vocational Education Council as required by Assembly Bill 1821.

Implementation of the Program

The model program started with the beginning of the fall quarter, September, 1976. Adult education classes were established in three skilled nursing facilities within the three major geographical areas of the school district: Belmont Convalescent Hospital in the Belmont-San Carlos area; Laurel Glen Convalescent Hospital in the Redwood City area; and Sharon Heights Convalescent Hospital in the Menlo Park area. Although the original design of the practicum was to phase in classes in three facilities only (a representative sampling of the eleven facilities within the service area of the school district), it soon became apparent that interest on the part of the administrators of the other eight facilities as well as the educational needs of elderly residents suggested an acceleration of the model program. In order to provide sufficient lead time for planning, curriculum development, and course approval, classes at the remaining eight facilities were phased in during the remainder of the school year. Figures 1 to 11 which follow illustrate the chronology of the introduction of adult education classes in each facility.

Figure 1
Classes Offered at Belmont Convalescent Hospital
Belmont-San Carlos Area
1976-77

	CLASSES						
MONTH	Affirmative Living	Affirmative Living(Sec.2)	Affirmative Living(Sec.3)	Art Appreciation	Crafts	Physical Exercises	World Cultures
September					X	X	
October				X			X
November	X						
December							
January		X					
February			X				
March							
April							
May							
June	↓	↓	↓	↓	↓	↓	↓

Figure 2
Classes Offered at Carlmont Convalescent Hospital
Belmont-San Carlos Area
1976-77

	CLASSES			
MONTH	Affirmative Living	Art Appreciation	California History	Crafts
September				
October		X		
November		↓		
December		↓		
January		↓	X	X
February		↓	↓	↓
March	X	↓	↓	↓
April	↓	↓	↓	↓
May	↓	↓	↓	↓
June	↓	↓	↓	↓

Figure 3
Classes Offered at Devonshire Oaks
Redwood City Area
1976-77

CLASSES				
MONTH	Affirmative Living	Affirmative Living(Sec.2)	Art Appreciation	Physical Exercises
September				
October			X	
November			↓	
December			↓	
January			↓	X
February			↓	↓
March	X	X	↓	↓
April	↓	↓	↓	↓
May	↓	↓	↓	↓
June	↓	↓	↓	↓

Figure 4
Classes Offered at Laurel Glen Convalescent Hospital
Redwood City Area
1976-77

	CLASSES			
MONTH	Art Appreciation	Painting Watercolor	Physical Exercises	World Cultures
September		X	X	
October	X			X
November				
December				
January				
February				
March				
April				
May				
June				

Figure 5
Classes Offered at Sequoia Extended Hospital
Redwood City Area
1976-77

CLASSES					
MONTH	Affirmative Living	Art Appreciation	Crafts	Music Appreciation	Physical Exercises
September			X		
October		X	↓		
November		↓	↓		
December		↓	↓		
January	↓	↓	↓	X	
February	↓	↓	↓	↓	
March	X	↓	↓	↓	X
April	↓	↓	↓	↓	↓
May	↓	↓	↓	↓	↓
June	↓	↓	↓	↓	↓

Figure 6
Classes Offered
at Woodacre Knolls
Redwood City Area
1976-77

	CLASSES
MONTH	Art Appreciation
September	
October	X
November	↓
December	↓
January	↓
February	↓
March	↓
April	↓
May	↓
June	↓

Figure 7
Classes Offered at Hillhaven Convalescent Hospital
Menlo Park Area
1976-77

	CLASSES		
MONTH	Art Appreciation	Physical Exercises	World Cultures
September			
October			
November			
December			
January	X		X
February	↓		↓
March	↓	X	↓
April	↓	↓	↓
May	↓	↓	↓
June	↓	↓	↓

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Figure 8
Classes Offered at
Menlo Park Extended Hospital
Menlo Park Area
1976-77

	CLASSES
MONTH	Music Appreciation
September	
October	
November	
December	
January	X
February	↓
March	
April	
May	
June	

Figure 9
Classes Offered at Sharon Heights Convalescent Hospital
Menlo Park Area
1976-77

	CLASSES					
MONTH	Affirmative Living	Music Appreciation	Painting, Watercolor	Physical Exercises	Physical Exercises (Sec.2)	World Cultures
September			X	X		
October						X
November						
December						
January		X			X	
February						
March	X					
April						
May						
June	↓	↓	↓	↓	↓	↓

Figure 10
Classes Offered at University Branch Convalescent Hospital
Menlo Park Area
1976-77

CLASSES					
MONTH	Art Appreciation	California History	Crafts	Physical Exercises	World Cultures
September					
October					
November					
December				X	
January	X				X
February					
March		X	X		
April					
May					
June	↓	↓	↓	↓	↓

Figure 11
Classes Offered
at Whitcomb
Convalescent Hospital
Menlo Park Area
1976-77

	CLASSES
MONTH	Physical Exercises
September	
October	
November	
December	
January	
February	
March	X
April	↓
May	↓
June	↓

Belmont-San Carlos Area

Although the original practicum design was to introduce adult education classes at the Belmont Convalescent Hospital only, interest on the part of the administrator of the other facility in this area, Carlmont Convalescent Hospital, led to the expansion of the model program at an accelerated pace. At the beginning of the fall quarter two classes were introduced at the Belmont Convalescent Hospital--Crafts and Physical Exercises for the Elderly. Two additional classes were added in October, the second month of the fall quarter--Art Appreciation and World Cultures. In November a class in Affirmative Living for Senior Citizens was added. Two additional classes in Affirmative Living for Senior Citizens were added--one at the beginning of the winter quarter, January, 1977, and one in February, 1977. All classes continued through the remainder of the 1976-77 school year.

The administrator, activity director, and residents of Carlmont Convalescent Hospital, the remaining nursing facility in the Belmont-San Carlos area, expressed an interest in the program as soon as it was initiated at Belmont Convalescent Hospital. After several planning meetings, the model program was expanded to include this facility. A class in Art Appreciation was initiated in October, 1976, and was soon followed by other classes--Crafts and California History in January, 1977, and Affirmative Living for Senior Citizens in March. All classes continued through the remainder of the 1976-77 school year.

Redwood City Area

It was in the Redwood City area, the center of the Sequoia district, that the first class in a skilled nursing facility had been started during the latter part of the 1975-76 school year, prior to

the development of the model program. The problems that resulted from this experience both for the instructor and for the staff of the nursing facility contributed to the development and implementation of a model program. Laurel Glen Convalescent Hospital started the fall quarter with two adult school classes--Watercolor Painting and Physical Exercises for the Elderly. During October two classes were added--Art Appreciation and World Cultures. All of the classes continued through the remainder of the school year. The demand for expansion of the program to the remaining facilities in the Redwood City area, for reasons comparable to those experienced in the Belmont-San Carlos area, made it necessary to accelerate the model program in Redwood City. Planning conferences were held with the professional staffs of other nursing facilities and the program accelerated here as well.

An Art Appreciation class was started at Devonshire Oaks in October, 1976, the second month of the fall quarter. Other classes soon followed--Physical Exercises for the Elderly at the beginning of the winter quarter, January, 1977, and Affirmative Living at the beginning of the spring quarter, March, 1977. Classes continued through the remainder of the school year. The program was also expanded into the two remaining nursing facilities in the Redwood City area--Sequoia Extended Care Facility and Woodacre Knolls. Crafts and Art Appreciation were introduced at Sequoia Extended Care Facility (adjacent to an acute care facility) in October, 1976. Other classes phased in during the remainder of the school year included Music Appreciation in January, 1977, and Affirmative Living and Physical Exercises in March, 1977. All classes continued through the school year. At Woodacre Knolls, only one class was conducted--Art Appreciation, which started

in October, 1976, and continued through the end of the school year.

Menlo Park Area

As with the other two geographical areas, the original design of the practicum anticipated the introduction of adult classes at one facility only. Demand and interest on the part of the professional staffs of the remaining nursing facilities as well as the needs of elderly residents resulted in an acceleration in the Menlo Park area. At the beginning of the fall quarter, two classes started at Sharon Heights--Watercolor Painting and Physical Exercises for the Elderly. World Cultures was added in October. When the winter quarter started in January, 1977, two additional classes were added--Music Appreciation and a second class in Physical Exercises. Affirmative Living was added at the beginning of the spring quarter, March, 1977. All classes continued through the remainder of the school year. Classes at Hillhaven Convalescent Hospital were introduced at the beginning of the winter quarter--Art Appreciation and World Cultures. Physical Exercises was added to the program at Hillhaven in March, 1977. Menlo Park Extended Hospital, the largest facility in the school district in capacity and number of residents, was added to the model program in January, 1977, when the winter quarter began. Only one class was conducted--Music Appreciation. Whitcomb Convalescent Hospital was added to the program in March, 1977. Physical Exercises for the Elderly was the only class offered. Although both the administrators and residents of Menlo Park Extended Hospital and Whitcomb requested additional classes, there was not sufficient lead time to implement these classes. In addition, the writer felt that the total program should be evaluated at the end of the school year before adding more activities.

In-Service Training of Adult School Instructors

The instructors assigned to teach classes in skilled nursing facilities participated in a series of in-service training meetings prior to and during the implementation of the model program. In cooperation with the Sequoia Adult School, Canada College provided the major portion of this training. As a result of the relationships established with other agencies in the community, funding for the major in-service activity--all-day workshops--were provided by the local Area Agency on Aging utilizing federal funds under the Older Americans Act.

The need to provide special training for instructors was recognized in planning the model program. The writer's previous experience with instruction in skilled nursing facilities clearly established the fact that knowledge of subject matter alone would not equip instructors to teach effectively in these facilities. Instructors would have to become sensitive to the needs and interests of the aged, understand the process of aging, and be familiar with their roles and responsibilities as instructors as well as the roles and responsibilities of staff members of these facilities.

Members of the Gerontology Educational Consortium emphasized that it was incumbent upon educational institutions to provide orientation and in-service training for instructors who did not initially have the desired background and qualifications to serve in these facilities. Although it was anticipated that Canada College would institute the in-service programs during the early part of the fall quarter, a number of problems delayed the training program. These problems included:

(1) the need for sufficient lead time to plan the workshops; (2) the need to receive approval from the funding sources; (3) the need to publicize the program in order to attract the required number of participants to make the training program financially feasible; and, (4) the need to obtain input from participants as to the kinds of speakers and topics that would be of most value to them.

Faced with a delay in beginning the in-service workshops, the writer scheduled individual conferences with instructors employed in the model program. The emphasis during these conferences centered around providing instructors with some basic concepts of aging and developing a list of criteria for selecting appropriate activities in their courses.

With regard to the basic concepts of aging, the materials used came from a report of the National Council on the Aging which summarized the following concepts based from gerontological knowledge and research:[87]

1. Aging is universal.
2. Aging is normal.
3. Aging is variable.
4. Dying is normal and inevitable.
5. Aging and illness are not necessarily coincidental.
6. Older people represent three generations.
7. Older people can and do learn.
8. Older people can and do change.

---

[87] National Council on the Aging. Centers for Older People (Washington, D.C.: National Council on the Aging, 1962), p. 67.

9. Older people want to remain self-directing.
10. Older people are vital human beings.

In order to develop a list of criteria for selecting a variety of activities in courses, materials were adapted from a recent publication of the Health Services and Mental Health Administration, United States Department of Health, Education, and Welfare.[88] During the conferences with instructors, both physical and emotional considerations for selecting specific activities and instructional strategies were discussed. An outline of the topics covered follows:

Physical Considerations

1. Does the student need
   a. action rather than position?
   b. repetition or motion?
   c. graduation from easy to difficult, or the reverse?
   d. strengthening?

2. Are the demands of the activity compatible with or adaptable to individual ability regarding
   a. motions required?
   b. endurance required?
   c. coordination required?
   d. dexterity required?

3. Does the activity/class fulfill the individual's physical needs?

Emotional Considerations

1. Does the individual need
   a. mental stimulation or calming?
   b. release from tension or anger?
   c. an opportunity for social interaction?

2. Are the demands of the activity compatible with or adaptable to individual ability regarding
   a. degree of complexity involved?
   b. degree of creativity required?
   c. attention span required?
   d. understanding of directions (written and/or spoken) required?

---

[88]U.S. Department of Health, Education, and Welfare. Activity Supervisor's Guide. (Washington, D.C.: Health Services and Mental Health Administration, 1972), p. 21.

3. Does the activity fulfill the individual's emotional needs?

First In-Service Workshop

The first of the two all-day workshops conducted under the auspices of Canada College, and cooperatively planned with the college, the practicum writer, and members of the Gerontology Educational Consortium, was held in January, 1977. A total of 42 individuals were in attendance, including adult school instructors and personnel from skilled nursing facilities in San Mateo County.

As may be seen from the agenda for the first workshop (Appendix A), the resource persons selected to lead the workshop included individuals with expertise in studies related to the process of aging as well as those with experiences and skills in program development for the older adult in health care facilities. The resource persons provided a balance between those from the college and university level who approached the subject from a theoretical point of view and those in the field involved with exemplary programs for the older adult in skilled nursing facilities.

Content covered during the first workshop included:

Aspects of aging

Methods of communicating with the aged

Social policy and the aged

Instructional strategies for adult school instructors in health care facilities

Prior to planning the second workshop, held in March, 1977, the first workshop was evaluated.

Evaluation - First In-Service Training Workshop

An evaluation form was designed and used to assess the effectiveness of the training workshops conducted by Canada College for adult

school instructors and the professional staffs of health care facilities. Designed by the gerontology staff at the college, the form was administered at the conclusion of each workshop as a means of evaluation in structuring future workshop sessions. A copy of the forms used may be found in Appendix D.

First Workshop

At the conclusion of the first workshop, 17 of 42 participants, or 40.5 percent, returned completed forms. In reply to the first question, "Has the course or program satisfied your expectations?", 15 of the 17 respondents, or 88.2 percent, indicated in the affirmative. The remaining two respondents indicated that the program either moderately satisfied their expectations (1, or 5.9 percent) or satisfied their expectations fairly well (1, or 5.9 percent).

The second question asked respondents to indicate the major strengths of the workshop. A majority of those responding were supportive of the purposes of the workshop. Typical comments were:

> Aspects of aging and characteristics of aging were strengths.
>
> Learning about the stringent rules skilled nursing facilities have was helpful.
>
> What it means to be old...how I can effectively deal with their problems...and being able to relate to the elderly.
>
> Well-balanced agenda and broad approaches were useful...the expertise of the speakers giving of their own experiences.
>
> Importance of cooperation of all parties involved with the aged.
>
> Informative and keeping to the subject.
>
> Covered a wide spectrum of viewpoints...gained a good idea of some of the problems involved.
>
> Good quality and qualified people.

Breadth of subject matter...concreteness of help...use of participants from different disciplines.

Informative and thought-provoking.

With regard to identifying significant shortcomings of the workshop (question number 3), five of the 17 respondents, or 20.4 percent, listed no shortcomings. The remaining 12, or 70.6 percent, listed the following types of shortcomings:

The limitations and restrictions placed on skilled nursing facilities received insufficient attention and coverage.

More time was needed for "stretching" breaks.

More time was needed for questions and answers.

More audience participation and smaller group discussions.

Question number 4 consisted of three parts: (a) determining if participants were satisfied with the workshop format; (b) asking respondents to rate the workshop on a ten-point scale (1=Very Poor; 5=Average; 10=Excellent); and, (c) asking respondents for comments and suggestions for future workshops. Thirteen of the 17 respondents, or 76.5 percent, indicated satisfaction with the existing format. Suggestions received from the remaining 4 respondents included the need to provide more time for questions and answers, smaller group discussions, providing time for sharing ideas and techniques, and shortening the length of the afternoon sessions.

Using a ten-point scale, ratings received from respondents are presented in Table 12 which follows.

Table 12
Summary of Ratings - First Training Workshop
(N=17)

Rating	Number of Responses	Percent
1	0	0
2	0	0
3	0	0
4	1	5.9
5	0	0
6	0	0
7	0	0
8	6	35.3
9	5	29.4
10	5	29.4

Comments and suggestions for future workshops included the following:

1. Legal aspects of offering adult education courses in skilled nursing facilities.
2. The clarification of roles and responsibilities of adult education instructors and the staffs of nursing facilities.
3. Information on state regulations for nursing facilities.
4. Provisions of the State Education Code relating to adult education and nursing facilities.
5. Techniques for using audio-visual materials for adult education classes in nursing facilities.
6. Small group discussions providing for additional follow-up of topics discussed.

Second In-Service Workshop

The second all-day in-service workshop was held during the latter part of March, 1977. Evaluations received from the first workshop were used to plan the format (e.g., additional "break" time and provisions for small group discussions).

The content of the second workshop included:

A dramatic audio-visual presentation on problems associated with aging

A panel presentation on the impact of education on the nursing home

A practical demonstration of the proper and effective use of audio-visual equipment in health care facilities

Strategies for individualizing activity programs

Further discussion of the aging process

As with the first workshop, resource persons for the March workshop were practitioners in the field and those involved with gerontology programs at the university level. The morning panel included an instructor representing the Health Care Administration, an assistant principal of an adult school in a neighboring district with programs for the elderly in health care facilities, and the director of the gerontology program at a local university. Members of the panel shared their experiences and brought participants up to date on rules and regulations for nursing homes, from both the educational and health care points of view.

Two group discussions were scheduled during the afternoon period. The first dealt with practical ways of individualizing activity programs and the second one made use of two older adults who shared their experiences of "growing while aging."

A copy of the agenda for the second workshop is included in Appendix A.

Evaluation - Second Workshop

Responses from 29 or 42 persons attending the second workshop, or 69.0 percent, were received at the end of the second training workshop. As indicated previously, identical evaluation forms were used for both workshops. In reply to question number 1, "Has the course or program satisfied your expectations?", 28 of the 29 respondents, or 96.6

percent, indicated "yes." One of the respondents replied to this question by indicating that she was somewhat satisfied.

With regard to question number 2, the major strengths of the workshop, an overwhelming majority of the replies were again supportive. Typical strengths identified were as follows:

> Feedback
>
> A hopeful program showing us the concerns and...needs health care facilities have in attempting to help the whole person
>
> Variety...and content
>
> Good presentations
>
> Knowledge...concerned workshop leaders
>
> Theory in the morning...practical applications in the afternoon
>
> Information concerning major legislative backgrounds and problems in the attempt to meet the educational needs of the elderly in nursing facilities
>
> Audio-visual techniques presentations were very clear and useful to the instructors
>
> Getting down to specifics in discovering patient needs... and educational possibilities
>
> Up-to-date knowledge of laws regarding the role of educators and professional staffs of nursing facilities
>
> Treated the aged like they want to be treated and not patronized
>
> Well organized; relevant
>
> Personal involvement with the elderly through visual aids and personal presentations
>
> The delivery of spirit and understanding to those of us who work with the elderly...new ideas were presented, but beyond that, a warmth and inspiration was given...we all needed that
>
> The ability to communicate ideas and feelings, to inform informally, and to excite with the doing, not the words alone.

Question number 3 asked respondents to indicate significant shortcomings of the second workshop. Nineteen of those responding, or 65.5 percent, listed no shortcomings. The remaining 10, or 34.5 percent, identified the following shortcomings:

Too concentrated

Too long a day

Too much content for one day

Long period of "sitting"

Question number 4 consisted of three parts: (a) finding out if participants were satisfied with the workshop format; (b) asking respondents to rate the workshop on a ten-point scale (1=Very Poor; 5=Average; 10=Excellent); and, (c) asking respondents for comments and suggestions for future workshops. With regard to satisfaction with the format, 25 of those responding, or 86.2 percent, answered in the affirmative. The remaining 4, or 13.8 percent, identified two main concerns regarding the workshop format:

Length of the session

The need for a longer lunch "break"

Using a ten-point scale, ratings received from respondents are presented in Table 13 which follows.

Table 13
Summary of Ratings - Second Workshop
(N=29)

Rating	Number of Responses	Percent
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	3	10.3
7	3	10.3
8	8	27.6
9	10	34.5
10	5	17.2

Comments and suggestions for future workshops included the following:

> Techniques on motivating elderly patients of nursing homes
>
> Programs dealing with confused residents...different types and levels of confusion
>
> Peer support in the clinical setting
>
> Continued involvement of the elderly in workshops
>
> Understanding of basic medical terminology
>
> Skills dealing with communication...that could be used in working with the elderly...helping with the joys and warmth of growing old...approaching leisure time with appreciation rather than apprehension

Student Volunteers

The design of the practicum made provisions for an unpaid student volunteer component as part of the model program to bring about integration and interaction between the aged and high school students. Based on the review of the literature and the desires expressed by the aged themselves in the needs assessment, the writer concluded that residents of skilled nursing facilities wanted contact with young people on a regular basis. It was determined that the majority of elderly residents

in these facilities had no contact with young people and that the experience of being with and talking to young people and having young people in the classroom setting, would help both the aged and the young students. Although the needs assessment revealed that 31.8 percent of the nursing facilities in the Sequoia district made use of community volunteers, none of the volunteers was below the age of 46. In addition, volunteers were used primarily for providing transportation for the relatively few patients who were mobile enough to leave the facility.

Prior to the implementation of the model program, counselors in three of the five high schools in the district were informed of the objectives of the practicum and were asked to recruit unpaid student volunteers. The schedule for adult classes in these facilities, however, presented problems, and a number of conflicts with student schedules were experienced. Several follow-up conferences held with counselors in September and October, 1976, failed to produce any student volunteers, primarily because of scheduling difficulties.

Information was again presented to counselors at the three high schools prior to the winter recess, December, 1976. When school resumed in January, 1977, one of the counselors in the Belmont-San Carlos area was successful in recruiting six student volunteers for the skilled nursing facility in Belmont. Belmont Convalescent Hospital was located in the vicinity of the high school and these six students were scheduled in the crafts class. The crafts instructor was approached, and a conference was scheduled with the high school counselor and the activity director of the facility. The students began

their volunteer service during the second week of January, 1977, and continued throughout the remainder of the school year.

Problems related to the pressure of time prevented an orientation period for students prior to the beginning of their volunteer service. To compensate for this, student orientation sessions were held on a bi-monthly basis with the high school counselor. The counselor also worked two evenings a week in the adult program as a part-time adult school counselor and was thus well versed with the objectives of the model program. During these bi-monthly orientation sessions, students were made aware of the goals of adult education in the school district and the role and function of skilled nursing facilities. Using materials from the adult school curriculum and guidelines developed by the American Health Care Association for volunteers, content of the orientation sessions included:

1. The function of skilled nursing facilities
2. The responsibilities of student volunteers
3. The role and responsibilities of the staff of the facility to the volunteers
4. The duties of a volunteer
5. The needs of patients - medical, nursing, social, etc. --effects of different illnesses on different people, modern treatment methods, and the characteristics and interests of the elderly
6. The philosophy of the school district
7. The role and responsibilities of the adult school instructor
8. Course content and objectives

The bi-monthly sessions proved to be valuable in monitoring the success of this component of the model program. The crafts class also

proved to be a good choice, since class projects were of an individualized nature to meet the varied needs, interests, and ability levels of residents. On the basis of visitations from the counselor and observations from the activity director, it was found that the students became more and more comfortable in moving around the room, talking to residents, assisting them with projects, and relating to the residents on a one-to-one basis. The crafts instructor observed that none of the high school students had experienced any prior contact with adults of this age group. As it turned out, only one of the six high school students had regular contact with her grandparents. The crafts instructor also reported that several students expressed an interest in exploring the health services field for a career as a result of these experiences.

Coordinating Educational Resources - Avoiding Duplication of Service

Legislators and the Governor in California, concerned with the allocation of resources to education, expressed increased concern about the duplication of effort and competition for students among educational institutions within a given local region. As a result of these concerns, regional adult and vocational education councils were created by the California State Legislature under provisions of Assembly Bill 1821, effective July 1, 1976. According to the legislation, unnecessary duplication "...shall be deemed to have occurred when two local education agencies or programs offer the same vocational or adult courses to the same type of student population using similar operational characteristics of all students requiring such service...(or) when a local educational agency or program is opened to adults for the first time and draws students from existing approved adult education

programs without mutual agreement."[89] The regional councils were mandated to execute delineation of function agreements specifying which educational agencies were to offer specific programs in adult and vocational education.

Although the legislation did not become effective until July 1, 1976, during the 1975-76 school year representatives from local educational institutions in San Mateo County used the mechanism of an informal organization to solve problems of mutual concern. On the basis of these informal meetings it was decided which educational institution should offer what programs at which locations. The purpose of these informal meetings was to lay the groundwork for a smooth transition when the new legislation became effective. The San Mateo council was composed of representatives from the public high school districts, the three campuses of the community college district, the county manpower agency, the county office of education, the county regional occupational program, and the private postsecondary institutions.

As the representative of the Sequoia district, the writer met regularly with members of the informal council and, after July 1, 1976, was officially elected for a two year term on the new council. Three of the four objectives of Assembly Bill 1821 were directly related to the model program; namely, the development of an inventory of courses and programs to determine what was being offered in the local region; a review of the inventory of courses in order to identify areas of unnecessary duplication and make recommendations for state

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[89] California State Education Code, Section 8030 (6268.10).

apportionment monies; and the preparation of a delineation of functions agreement which would identify the types of programs that could be offered by various educational agencies.

During April and May, 1976, representatives met informally and decided to collect data and prepare a matrix of course offerings. As a member of the group, the writer discussed the development of a model program by the Sequoia district to serve the educational needs and interests of elderly residents in skilled nursing facilities. Although formal approval was not required prior to the effective date of Assembly Bill 1821, the writer nevertheless felt that coordination of such programs was needed. Although relationships had been established with other agencies in the community, the proper setting for discussing the implications of such a model program was with representatives composing the local council. The writer received approval to proceed with the model program, but representatives indicated that the matter would be reviewed in a formal manner when the new legislation became effective.

During the course of the informal meetings the council collected data and prepared a matrix of course offerings organized by major subject disciplines - i.e., Fine Arts, Social Science, etc. Special programs including those for handicapped adults and senior citizens were also included in the data. For purposes of the inventory, San Mateo county was divided into three geographical regions, each region corresponding to one of the three campuses of the community college district: North county, Central county, and South county. The service area of the Sequoia district encompassed all of South county and 12.2

percent of Central county. The matrix of courses included those offered by the high school districts, the county regional occupation programs, and the three campuses of the college district.

An analysis of the data pertaining to course offerings revealed that none of the three campuses of the community college district offered a comprehensive program of classes for elderly residents in skilled nursing facilities in either South or Central county. One of the adult schools in North county had started a program for health care facilities within the past two years. Canada College, in South county, offered several continuing education classes in skilled nursing facilities within the service area of the Sequoia district. Although these classes were designed to serve the educational needs of elderly residents in these facilities, the college was more interested in pioneering a program for the training of professional and volunteer staff personnel in health care facilities. Representatives from Canada College agreed that the educational needs of the elderly would be best served if the adult school would offer such a program. Representatives from Canada College also expressed interest in providing in-service training for adult school instructors assigned to teach in health care facilities.

During the early part of the 1976-77 school year, after the San Mateo council became operational, problems arose regarding the review of course offerings which was undertaken to identify areas of unnecessary duplication. Other councils throughout the state experienced similar problems due, in part, to the more formalized structure of the councils as well as the anxiety of districts to establish their authority to offer particular courses and programs. Although some problems

developed between the Sequoia district and Canada College in the area of adult basic education (English as a Second Language classes), the writer was able to cite the model program and the cooperative efforts of the college in providing in-service training for adult school instructors as an example of cooperative working relationships between the districts.

After several months of deliberation a formal Delineation of Function Agreement was approved by the governing boards of each of the districts making up the council. All courses offered in the Sequoia Adult School model program for elderly residents of skilled nursing facilities were included as part of this agreement. Although the signed copy of the agreement did not specify course titles, individual course titles became part of a "course bank" submitted by the adult school to the California State Department, Bureau of Adult Education. By signing this agreement each governing board signified its approval of the courses offered in the model program, as well as all other courses offered by the adult school. The signed agreement remains in effect until June 30, 1978, subject to modification only with the agreement of each participating governing board. The agreement signed by the Sequoia Board of Trustees is included in Appendix E.

Cost-effectiveness of the Model Program

The financing of adult education for high school districts in California was substantially changed with the enactment of Senate Bill 1641, authored by Senator Rodda, and effective July 1, 1976. The new finance legislation established the basis for computing a local district's revenue limit and maximum tax rate for the education of adults.

At the same time, school districts maintaining adult education programs were required to establish separate budgets for their adult programs. All revenues derived from adult education programs were to be used solely for the operation of those programs. Average daily attendance (A.D.A.) in the adult program is computed on the basis of student attendance hours, with 525 hours of attendance being equivalent to one unit of A.D.A. On the basis of past experience the desirable average attendance per adult school class was found to be 15 in order for that class to be financially self-sufficient.

Data were compiled and analyzed for each of the classes offered in skilled nursing facilities during the 1976-77 school year. These data were organized according to the three major geographical areas in the school district. Tables 14 to 60 which follow, beginning with page 104, include the data for each class offered, including the number of instructional hours (the number of hours the class met), the number of student attendance hours (the number of hours the class met x the number of students in attendance), and the average attendance per class (computed by dividing student attendance hours by instructional hours). The data were compiled monthly and totaled for the 1976-77 school year. Comparable data, on a yearly basis only, were compiled and organized by geographical area for all other adult classes during the same time period. By analyzing the data it was possible to determine the average attendance per class in the skilled nursing facilities for the total school year and compare it with all regular adult classes. This constituted one measure of the cost-effectiveness of the model program.

For purposes of the practicum, an additional measure for comparing

the cost-effectiveness of the model program was developed. The writer found no studies for comparing costs per unit of A.D.A. for comparable model programs in skilled nursing facilities in other high school districts. Consequently, a formula was developed for purposes of analyzing and comparing the costs per unit of A.D.A. for classes in skilled nursing facilities with those of all regular adult classes in the Sequoia district.

This formula, developed expressly for purposes of the practicum, involved the following five steps:

Step 1: The number of instructional hours x the hourly salary paid instructors = basic cost of instruction.

Step 2: By analyzing the 1976-77 budget for the adult school a percentage figure representing other costs was determined; i.e., support services, supplies, equipment, building maintenance, etc. = overhead costs. (It was determined that the overhead costs for classes in skilled nursing facilities was 9.5 percent, whereas overhead costs for regular adult classes was 19.8 percent.) The amount developed in Step 1 was then multiplied by the percentage of overhead costs.

Step 3: The sum of the amounts in Step 1 and 2 above = the true cost of instruction.

Step 4: The computation of A.D.A. earned was derived by the following equation:

$$\frac{\text{Student Attendance Hours}}{\text{525 hours (1 unit of A.D.A.)}} = \text{A.D.A. earned}$$

Step 5: The final step involved dividing the true cost of instruction (Step 3) by the A.D.A. earned (Step 4) = cost per unit of A.D.A.

TABLE 14

Class: Affirmative Living for Senior Citizens
(Section I)

Belmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November	3.00	45.00	15.0
December	3.00	45.00	15.0
January	4.00	59.00	14.8
February	4.00	59.00	14.8
March	4.00	60.00	15.0
April	4.00	64.00	16.0
May	5.00	84.00	16.8
June	3.50	55.50	15.8
Totals	30.50	471.50	
			Average 15.5

TABLE 15

Class: Affirmative Living for Senior Citizens
(Section II)

Belmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	3.00	45.00	15.0
February	4.00	59.00	14.8
March	3.00	49.00	16.3
April	4.00	64.00	16.0
May	4.00	60.00	15.0
June	3.50	55.50	15.8
Totals	21.50	332.50	
			Average 15.4

TABLE 16

Class: Affirmative Living for Senior Citizens
(Section III)

Belmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February	6.00	145.50	24.3
March	1.00	15.00	15.0
April	4.00	39.00	9.8
May	2.00	19.00	9.5
June	8.00	122.00	15.3
Totals	21.00	340.50	
			Average 16.2

TABLE 17

Class: Affirmative Living for Senior Citizens

Carlmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	1.00	16.00	16.0
April	4.00	60.00	15.0
May	2.00	21.00	10.5
June	4.00	75.00	18.9
Totals	11.00	172.00	
			Average 15.6

TABLE 18

Class: Art Appreciation

Belmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	4.00	54.00	13.5
November	5.00	60.00	12.0
December	3.00	54.00	18.0
January	3.00	50.00	16.7
February	3.00	37.00	12.3
March	4.00	47.00	11.8
April	3.00	38.00	12.7
May	5.00	71.00	14.2
June	6.00	97.50	16.3
Totals	36.00	508.50	
			Average 14.1

TABLE 19

Class: Art Appreciation

Carlmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	4.00	79.00	19.8
November	5.00	86.00	17.2
December	3.00	48.00	16.0
January	4.00	68.00	17.0
February	6.00	115.50	19.3
March	6.00	105.00	17.5
April	4.50	67.50	15.0
May	7.50	127.50	17.0
June	6.00	103.50	17.3
Totals	46.00	800.00	
			Average 17.4

TABLE 20

Class: California History

Carlmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	8.00	176.00	22.0
February	8.00	172.00	21.5
March	10.00	240.00	24.0
April	8.00	148.00	18.5
May	8.00	180.00	22.5
June	10.00	218.00	21.8
Totals	52.00	1,134.00	
			Average 21.8

TABLE 21

Class: Crafts

Belmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	4.00	68.00	17.0
October	8.00	128.00	16.0
November	6.00	86.00	14.3
December	6.00	108.00	18.0
January	8.00	160.00	20.0
February	8.00	162.00	20.3
March	10.00	206.00	20.6
April	8.00	162.00	20.3
May	8.00	154.00	19.3
June	10.00	184.00	18.4
Totals	76.00	1,418.00	
			Average 18.7

TABLE 22

Class: Crafts

Carlmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	16.00	326.00	20.4
February	16.00	332.00	20.8
March	20.00	416.00	20.8
April	16.00	310.00	19.4
May	18.00	364.00	20.2
June	18.00	366.00	20.3
Totals	104.00	2,114.00	
			Average 20.3

TABLE 23

Class: Physical Exercises for the Elderly

Belmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	2.00	32.00	16.0
October	8.00	122.00	15.3
November	9.50	159.50	16.8
December	2.00	30.00	15.0
January	8.00	120.00	15.0
February	8.00	122.00	15.3
March	10.00	150.00	15.0
April	8.00	120.00	15.0
May	8.00	120.00	15.0
June	6.00	94.00	15.7
Totals	69.50	1,069.50	
			Average 15.4

TABLE 24

Class: World Cultures

Belmont Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	6.00	90.00	15.0
November	10.00	150.00	15.0
December	8.00	128.00	16.0
January	10.00	226.00	22.6
February	8.00	180.00	22.5
March	8.00	174.00	21.8
April	8.00	198.00	24.8
May	10.00	238.00	23.8
June	6.00	146.00	24.3
Totals	74.00	1,530.00	
			Average 20.7

TABLE 25

Totals--Adult Classes in Skilled Nursing Facilities--Belmont-San Carlos Area

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	6.00	100.00	16.7
October	24.00	473.00	19.7
November	38.50	586.50	15.2
December	25.00	413.00	16.5
January	64.00	1,230.00	19.3
February	71.00	1,384.00	19.5
March	77.00	1,478.00	19.2
April	71.50	1,270.50	17.8
May	77.50	1,438.50	18.6
June	81.00	1,517.00	18.7
Totals	535.50	9,890.50	
			Average 18.5

TABLE 26

Totals--Belmont-San Carlos Area--Not Including Skilled Nursing Facilities

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	652.50	9,328.00	14.3
October	797.50	11,761.50	14.7
November	816.00	11,015.50	13.5
December	379.50	4,732.00	12.5
January	817.00	11,560.00	14.1
February	783.00	11,432.50	14.6
March	999.50	14,245.00	14.3
April	714.00	10,028.50	14.0
May	930.00	12,982.50	13.9
June	346.50	5,385.50	15.5
Totals	7,236.00	102,471.00	
			Average 14.2

TABLE 27

Class: Affirmative Living for Senior Citizens (Section I)

Devonshire Oaks

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	3.00	60.00	20.0
April	4.00	80.00	20.0
May	9.00	188.00	20.9
June	9.00	180.00	20.0
Totals	25.00	508.00	
			Average 20.3

TABLE 28

Class: Affirmative Living for Senior Citizens (Section II)

Devonshire Oaks

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	3.00	60.00	20.0
April	4.00	80.00	20.0
May	9.00	188.00	20.9
June	9.00	180.00	20.0
Totals	25.00	508.00	
			Average 20.3

TABLE 29

Class: Affirmative Living for Senior Citizens

Sequoia Extended Care Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	1.00	10.00	10.0
April	4.00	26.00	6.5
May	2.00	11.00	5.5
June	4.00	26.00	6.5
Totals	11.00	73.00	
			Average 6.6

TABLE 30

Class: Art Appreciation

Sequoia Extended Care Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	3.00	59.00	19.7
November	5.00	80.00	16.0
December	3.00	49.00	16.3
January	3.00	48.00	16.0
February	6.00	94.50	15.8
March	7.50	120.00	16.0
April	4.50	70.50	15.7
May	7.50	117.00	15.6
June	6.00	90.00	15.0
Totals	45.50	728.00	
			Average 16.0

TABLE 31

Class: Art Appreciation

Laurel Glen Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	4.00	90.00	22.5
November	3.00	48.00	16.0
December	4.00	78.00	19.5
January	2.00	32.00	16.0
February	4.00	60.00	15.0
March	5.00	94.00	18.8
April	3.00	51.00	17.0
May	4.00	77.00	19.3
June	5.00	86.00	17.2
Totals	34.00	616.00	
			Average 18.1

TABLE 32

Class: Art Appreciation

Woodacre Knolls

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	2.00	38.00	19.0
November	4.00	55.00	18.8
December	4.00	60.00	15.0
January	2.00	30.00	15.0
February	4.00	65.00	16.3
March	5.00	76.00	15.2
April	3.00	45.00	15.0
May	4.00	67.00	16.8
June	7.50	111.00	14.8
Totals	35.50	547.00	
			Average 15.4

TABLE 33

Class: Art Appreciation

Devonshire Oaks

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	3.00	56.00	18.7
November	4.00	63.00	15.8
December	2.00	32.00	16.0
January	2.00	28.00	14.0
February	4.00	81.00	20.3
March	5.00	97.00	19.4
April	3.00	45.00	15.0
May	5.00	90.00	18.0
June	6.00	118.50	19.8
Totals	34.00	610.50	
			Average 18.0

TABLE 34

Class: Crafts

Sequoia Extended Care Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	6.00	114.00	19.0
October	8.00	130.00	16.3
November	6.00	108.00	18.0
December	4.00	84.00	21.0
January	8.00	124.00	15.5
February	8.00	114.00	14.3
March	10.00	128.00	12.8
April	6.00	62.00	10.3
May	8.00	118.00	14.8
June	6.00	90.00	15.0
Totals	70.00	1,072.00	
			Average 15.3

TABLE 35

Class: Music Appreciation

Sequoia Extended Care Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	8.00	138.00	17.3
February	8.00	144.00	18.0
March	10.00	180.00	18.0
April	8.00	130.00	16.3
May	4.00	40.00	10.0
June			
Totals	38.00	632.00	
			Average 16.6

TABLE 36

Class: Watercolor Painting

Laurel Glen Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	6.00	226.00	37.7
October	8.00	344.00	43.0
November	10.00	408.00	40.8
December	2.00	80.00	40.0
January	6.00	158.00	26.3
February	6.00	152.00	25.3
March	10.00	254.00	25.4
April	6.00	138.00	23.0
May	10.00	200.00	20.0
June			
Totals	64.00	1,960.00	
			Average 30.6

TABLE 37

Class: Physical Exercises for the Elderly

Laurel Glen Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	14.00	296.00	21.1
October	16.00	340.00	21.3
November	18.00	382.00	21.2
December	18.00	308.00	17.1
January	16.00	326.00	20.4
February	14.00	280.00	20.0
March	18.00	352.00	19.6
April	12.00	220.00	18.3
May	16.00	336.00	21.0
June	16.00	304.00	19.0
Totals	158.00	3,144.00	
			Average 19.9

TABLE 38

Class: Physical Exercises for the Elderly

Devonshire Oaks

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	9.00	164.00	18.2
February	7.00	126.00	18.0
March	9.00	161.00	17.9
April	8.00	152.00	19.0
May	6.00	118.00	19.7
June	7.00	139.00	19.9
Totals	46.00	860.00	
			Average 18.7

TABLE 39

Class: Physical Exercises for the Elderly

Sequoia Extended Care Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	8.00	124.00	15.5
April	8.00	128.00	16.0
May	8.00	124.00	15.5
June	6.00	90.00	15.0
Totals	30.00	466.00	
			Average 15.5

TABLE 40

Class: World Cultures

Laurel Glen Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	6.00	162.00	27.0
November	10.00	270.00	27.0
December	8.00	210.00	26.3
January	8.00	190.00	23.8
February	8.00	184.00	23.0
March	10.00	250.00	25.0
April	8.00	194.00	24.3
May	10.00	256.00	25.6
June	6.00	120.00	20.0
Totals	74.00	1,836.00	
			Average 24.8

TABLE 41

Totals--Adult Classes in Skilled Nursing Facilities--Redwood City Area

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	26.00	636.00	24.5
October	50.00	1,219.00	24.4
November	60.00	1,414.00	23.6
December	45.00	901.00	20.0
January	64.00	1,238.00	19.3
February	69.00	1,300.50	18.8
March	104.50	1,966.00	18.8
April	81.50	1,421.50	17.4
May	102.50	1,930.00	18.8
June	87.50	1,534.50	17.5
Totals	690.00	13,560.50	
			Average 19.7

TABLE 42

Totals--Redwood City Area--Not Including Skilled Nursing Facilities

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	1,320.50	24,641.50	18.6
October	1,683.00	28,653.50	17.0
November	1,695.00	25,757.00	15.2
December	668.00	9,216.50	13.8
January	1,751.50	26,700.00	15.2
February	1,600.50	25,006.00	15.6
March	1,895.00	28,612.00	15.0
April	1,204.00	18,133.50	15.1
May	1,698.00	23,391.00	13.8
June	503.00	8,504.50	17.0
Totals	14,018.50	218,615.50	
			Average 15.6

TABLE 43

Class: Affirmative Living for Senior Citizens

Sharon Heights Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	8.00	176.00	22.0
April	12.00	264.00	22.0
May	16.00	336.00	21.0
June	16.00	320.00	20.0
Totals	52.00	1,096.00	
			Average 21.1

TABLE 44

Class: Art Appreciation

Hillhaven Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	3.00	54.00	18.0
February	6.00	102.00	17.0
March	7.50	133.50	17.8
April	4.50	78.50	16.3
May	7.50	121.50	16.2
June	6.00	105.00	17.5
Totals	34.50	594.50	
			Average 17.2

TABLE 45

Class: Art Appreciation

University Branch Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	3.00	64.50	21.5
February	6.00	112.50	18.8
March	7.50	150.00	20.0
April	4.50	85.50	19.0
May	6.00	120.00	20.0
June	7.50	127.50	17.0
Totals	34.50	660.00	
			Average 19.1

TABLE 46

Class: California History

University Branch Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	2.00	48.00	24.0
April	8.00	160.00	20.0
May	8.00	172.00	21.5
June	10.00	204.00	20.4
Totals	28.00	584.00	
			Average 20.9

TABLE 47

Class: Crafts

University Branch Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	2.00	34.00	17.0
April	8.00	150.00	18.8
May	8.00	154.00	19.3
June	8.00	156.00	19.5
Totals	26.00	494.00	
			Average 19.0

TABLE 48

Class: Music Appreciation

Sharon Heights Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	8.00	120.00	15.0
February	8.00	158.00	19.8
March	10.00	194.00	19.4
April	8.00	148.00	18.5
May	10.00	414.00	41.4
June	8.00	216.00	27.0
Totals	52.00	1,250.00	
			Average 24.0

TABLE 49

Class: Music Appreciation

Menlo Park Extended Care Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	8.00	116.00	14.5
February	8.00	128.00	16.0
March	10.00	130.00	13.0
April	8.00	150.00	18.8
May	10.00	166.00	16.6
June	8.00	154.00	19.3
Totals	52.00	844.00	
			Average 16.2

TABLE 50

Class: Watercolor Painting

Sharon Heights Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	4.50	84.00	18.7
October	4.50	85.50	19.0
November	7.50	142.50	17.0
December	1.50	27.00	18.0
January	6.00	120.00	20.0
February	4.50	82.50	18.3
March	6.00	120.00	20.0
April	4.50	84.00	18.7
May	6.00	105.00	17.5
June			
Totals	45.00	850.50	
			Average 18.9

TABLE 51

Class: Physical Exercises for the Elderly (Section I)

Sharon Heights Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	2.00	40.00	20.0
October	8.00	152.00	19.0
November	6.00	114.00	19.0
December	4.00	76.00	19.0
January	8.00	186.00	23.3
February	6.00	114.00	19.0
March	8.00	150.00	18.8
April	8.00	160.00	20.0
May	8.00	144.00	18.0
June	6.00	110.00	18.3
Totals	64.00	1,246.00	
			Average 19.5

TABLE 52

Class: Physical Exercises for the Elderly
(Section I)

Sharon Heights Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	2.00	28.00	14.0
February	8.00	152.00	19.0
March	8.00	160.00	20.0
April	8.00	152.00	19.0
May	8.00	160.00	20.0
June	6.00	108.00	18.0
Totals	40.00	760.00	
			Average 19.0

TABLE 53

Class: Physical Exercises for the Elderly

University Branch Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December	13.50	300.00	22.2
January	13.50	279.00	20.7
February	4.50	70.50	15.7
March	4.00	80.00	20.0
April	6.00	91.50	15.3
May	8.00	160.00	20.0
June	6.00	110.00	18.3
Totals	55.50	1,091.00	
			Average 19.7

TABLE 54

Class: Physical Exercises for the Elderly

Hillhaven Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	8.00	176.00	22.0
April	8.00	150.00	18.8
May	8.00	144.00	18.0
June	6.00	118.00	19.7
Totals	30.00	588.00	
			Average 19.6

159

TABLE 55

Class: Physical Exercises for the Elderly

Whitcomb Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March	8.00	144.00	18.0
April	8.00	144.00	18.0
May	10.00	194.00	19.4
June	4.00	76.00	19.0
Totals	30.00	558.00	
			Average 18.6

160

TABLE 56

Class: World Cultures

Hillhaven Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	8.00	174.00	21.8
February	8.00	178.00	22.3
March	15.00	330.00	22.0
April	12.00	264.00	22.0
May	15.00	366.00	24.4
June	9.00	216.00	24.0
Totals	67.00	1,528.00	
			Average 22.8

TABLE 57

Class: World Cultures

University Branch Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January	8.00	178.00	22.3
February	8.00	176.00	22.0
March	15.00	330.00	22.0
April	12.00	300.00	25.0
May	15.00	369.00	24.6
June	9.00	216.00	24.0
Totals	67.00	1,569.00	
			Average 23.4

TABLE 58

Class: World Cultures

Sharon Heights Convalescent Hospital

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October	6.00	126.00	21.0
November	10.00	210.00	21.0
December	8.00	178.00	22.3
January	8.00	164.00	20.5
February	8.00	162.00	20.3
March	15.00	318.00	21.2
April	12.00	324.00	27.0
May	12.00	321.00	26.8
June	15.00	375.00	25.0
Totals	94.00	2,178.00	
			Average 23.2

TABLE 59

Totals--Adult Classes in Skilled Nursing Facilities--Menlo Park Area

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	6.50	124.00	19.1
October	18.50	363.50	19.6
November	23.50	466.50	20.3
December	27.00	581.00	21.5
January	75.50	1,483.50	19.6
February	75.00	1,435.50	19.1
March	134.00	2,673.50	20.0
April	131.50	2,705.50	20.6
May	155.50	3,446.50	22.2
June	124.50	2,611.50	21.0
Totals	771.50	15,891.00	
			Average 20.6

TABLE 60

Totals--Menlo Park Area--Not Including Classes in Skilled Nursing Facilities

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September	1,221.50	21,141.50	17.3
October	1,415.00	24,536.50	17.3
November	1,539.00	23,644.00	15.4
December	837.50	12,385.00	14.8
January	1,524.00	22,595.00	14.8
February	1,337.50	20,919.00	15.6
March	1,801.00	28,358.00	15.7
April	1,390.00	21,594.00	15.5
May	1,731.50	25,110.00	14.5
June	872.50	12,386.00	14.4
Totals	13,669.50	212,869.00	
			Average 15.6

TABLE

Class:

Instructional Hours Taught, Attendance Hours by Students, and Attendance Average Maintained 1976-77

MONTH	Instructional Hours	Attendance Hours	Average Attendance
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Totals			

Average Attendance per Class - Belmont-San Carlos Area

Tables 14 to 24 contain the data for each of the adult classes in skilled nursing facilities in this geographical area for the 1976-77 school year. Table 25 summarizes the data for the full year for classes in skilled nursing facilities and Table 26 summarizes the data for the full year for all other regular adult classes within the same geographical area. As may be seen from the data, the average attendance per classes in skilled nursing facilities was 18.5 (Table 25), while the average attendance for all other adult classes was 14.2 (Table 26), 4.3 less than the average in skilled nursing facilities.

Cost per unit of A.D.A. - Belmont-San Carlos Area

Applying the mathematical procedure outlined on page 103, the cost per unit of A.D.A. was determined. The results of the computations revealed that the cost per unit of A.D.A. for classes in skilled nursing facilities was $355.12, while the cost per unit of A.D.A. for all regular adult education classes was $506.76.

Average Attendance per Class - Redwood City Area

Tables 27 to 40 contain the data for each of the adult school classes in skilled nursing facilities in the Redwood City area for the 1976-77 school year. Table 41 summarizes the data for the full year for these classes and Table 42 summarizes the data for the full year for all other regular adult classes within the same geographical area. As may be seen from the data, the average attendance per class for skilled nursing facilities was 19.7 (Table 41), while the average attendance for all other regular adult classes was 15.6 (Table 42), 4.1 less than the average per class in skilled nursing facilities.

Cost per unit of A.D.A. - Redwood City Area

Applying the mathematical procedure, the results of the computations revealed that the cost per unit of A.D.A. for classes in skilled nursing facilities was $299.02, while the cost for all regular adult education classes was $460.17.

Average Attendance per Class - Menlo Park Area

Tables 43 to 58 contain the data for each of the adult education classes in skilled nursing facilities in the Menlo Park area for the 1976-77 school year. Table 59 summarizes the data for the full year for these classes and Table 60 summarizes the data for the full year for all other regular adult classes within the same geographical area. As may be seen from the data, the average attendance per class for skilled nursing facilities was 20.6 (Table 59), while the average attendance for all other regular adult classes was 15.6 (Table 60), 5.0 less than the average in skilled nursing facilities.

Cost per unit of A.D.A. - Menlo Park Area

Applying the mathematical procedure, the results of the computations revealed that the cost per unit of A.D.A. for classes in skilled nursing facilities was $318.44, while the cost for all regular adult education classes was $461.97.

In summary, the cost-effectiveness of the model program was clearly demonstrated, both from the point of view of average class size and cost of instruction per unit of A.D.A. More importantly, the educational services were provided to an important segment of the population not previously served by the adult school.

VIII EVALUATION

In the initial planning for the practicum it was proposed that the practicum writer and his counseling staff would periodically observe the classes in skilled nursing facilities as a means of evaluating the effectiveness of the model program. However, further discussions with all those involved in the program led to the conclusion that the reliability and validity of this type of observation would be suspect because of the relationships between the instructors and the observers. Consequently the evaluation of this practicum was limited to the administration of a questionnaire to the administrators of skilled nursing facilities, interviews to judge the effectiveness of the student volunteer component of the program, and interviews with elderly residents of the skilled nursing facilities. It should also be noted that the initial success of the program that necessitated acceleration of the model into all skilled nursing facilities in the school district could be looked upon as a measure of the success of the program.

Questionnaire for Administrators of Skilled Nursing Facilities

During the latter part of May, 1977, an evaluation questionnaire was mailed to the administrators of the eleven skilled nursing facilities participating in the model program. The accompanying cover letter explained that the purpose of the questionnaire was to provide the adult school with assistance in evaluating the effectiveness of adult school courses in skilled nursing facilities. A copy of the cover letter and the questionnaire is included in Appendix D.

Replies were received from ten of the eleven administrators. Because of reorganization one of the nursing facilities in the Redwood City area, Sequoia Extended Day Care Hospital lost its administrator and the facility was merged with an adjacent acute care hospital. Since the administrator of the acute care hospital was not familiar with the model program, the evaluation sample consisted only of the replies from the ten remaining facilities in the district. The results were tabulated and analyzed as follows:

Question number 1 asked the administrators to list the adult education classes offered in their facility during the 1976-77 school year and to rate these classes on a 5-point scale (5=highest; 1=lowest) in terms of the success of the class in meeting the educational needs of residents.

Of the 32 classes rated by the ten administrators, 23 were rated 5; five were given a 4 rating; and four were rated at the mid-score of 3. The eight classes offered in the three facilities in the Redwood City area were all rated 5.

One factor in the consistently high ratings may have been the fact that the administrators helped cooperatively to plan the programs in their facilities.

Question number 2 asked the administrators to note changes they observed in the improvement of instruction as a result of the in-service workshops. Comments received from the administrators follow:

> The teachers were better prepared for the experience of teaching in a convalescent hospital setting.

> Instructors became more aware of patients' needs and the problems that can occur during class sessions...they became aware of the sight and hearing problems of the elderly residents.
>
> More understanding of the patients.
>
> The workshop leaders were quite thorough and they accomplished a lot in a short period of time.

Question number 3 asked administrators for feedback they received from residents with regard to the reactions and feelings expressed by residents as a result of participation in adult classes. Representative of the replies to this question were the following:

> I noticed a great deal of feedback from the patients on all classes. They look forward to the experiences and talk about specific classes for hours and sometimes days afterward. They often will not give their opinions to the teachers themselves but will talk to each other and me (the administrator) about what they have seen or discussed in their classes.
>
> The residents enjoy the classes very much. They look forward to each class.
>
> All the feedback has been positive.
>
> Being aware of class time and being responsible to get to class and remind others...memory restoration and stimulation ...creative expression...tension release...the excellent material used in class...meeting people from the community and being able to relate and talk to them and with them.
>
> The residents received a diversified and stimulating array of classes from the adult school. The Physical Exercises classes excite them and wake them up. The World Cultures class interest them in seeing new places and permits them to travel by wheelchair. All of the comments we have received have been positive.

Question number 4 asked for reactions and feelings experienced by the administrators of nursing facilities and their professional staffs as a result of the introduction of adult classes. The reactions

and feelings reported were all of a positive nature, indicating real support for the goals of the model program. Typical reactions received in reply to this question were these:

> Patients seem to take less medication as a result of working in class. They are not restless and are very interested in the outside world.
>
> Adult school classes broaden the realm of recreational and educational activites we can offer our residents. Each instructor presents his best skills--and those skills and the accompanying knowledge is transmitted to our residents. I feel that the stimulation our residents get from the classes is vital to encouraging the residents to resume normal activities and normal self-care.
>
> The adult program has opened many eyes and showed us how we all underestimated the patients. I've noticed many withdrawn patients become interested in something. Some of the patients can't wait until the watercolor class will resume again in September.
>
> The patients are allowed to express themselves, to join in discussion groups, to use all parts of the body (i.e., mind, voice), to feel part of the community, to learn new interests and/or to remember interests and knowledge from the past. They work with instructors, discuss programs, projects before and after class, and have something to look forward to....
>
> The classes have been an important contribution.
>
> All of us are grateful to have these classes. Many of our residents are quite refined and need to feel useful even in their old age.
>
> We are pleased with the interest the patients have in the classes and the interest the instructors have in the patients. The staff and I thoroughly enjoy the classes ourselves. We feel the experiences have broadened our activities immensely in areas where we personally could not have been of service.
>
> We have been favorably impressed by the impact of adult education programs for our residents. The outside stimulus has proven to be good for them. They look forward to the classes for the knowledge and enjoyment received. Adult education classes present new awakenings for those who never had the time before their retirement and for others it's a resuming of interests and knowledge.

In order to evaluate the over-all effectiveness of the model program, question number 5 asked administrators to identify the strengths and weaknesses of the program as they perceived them. The following strengths of the program were listed:

> It gives patients a chance to learn, giving them a sense of still growing despite the fact that "I am old" ...new and exciting blood from the outside coming into the facility brings the patients closer to the outside world. The adult classes bring the patients closer to the rest of the world...keeps them in touch with reality...challenges them to use their minds.
>
> There is obvious intellectual stimulation. Interests are developed which in turn encourages continuing discussions among the patients and improves socializing. The residents truly look forward to the next session.
>
> Programs are well suited to the age group...excellent use of patient time...creative expression...brings today's world to those who cannot be out in it.
>
> A good start has been made and to continue these programs would be beneficial to all who partake of these classes.
>
> We admire the enthusiasm of the instructors. The instructors are aware of the individual needs and abilities of the residents.
>
> The instructors have an understanding of how to deal with the elderly.
>
> Adult classes help the residents stimulate their mental abilities as well as physical capabilities; gives them a sense of meaning.

With regard to weaknesses of the model program perceived by administrators of skilled nursing facilities, the following comments were received:

> More classroom time should be provided for the Physical Exercises class.
>
> Occasionally the residents are overpowered by (the instructor) presenting too much information at one time.
>
> As yet, we have perceived no weaknesses.

> As a practical matter, it should not be expected that all enrolled patients would benefit in an identical way due to differences in age, background, and health. I would term this a natural limitation rather than a weakness.

Question number 6 asked administrators for comments and suggestions regarding adult education in their facility. The following replies were received:

> Continue adult classes and add more classes in our facility when possible.
>
> As a result of adult education classes our patients dress better, eat better, and communicate together about the classes. The classes promote socialization...using their minds and memories. Classes give them the opportunity to think of times and dates. Adult education at this level permits some to have the education they didn't or couldn't get earlier in life. We can't say enough good things about adult education and how much it means to our facility.
>
> We have had several non-resident guests attend some of our classes and we are always happy to welcome them. Their interest and participation in the classes is another constructive factor.
>
> Very rewarding...some of the residents family members are here each time and sit in on the class and feel that this should be part of the rehabilitating of the patients functioning as much as possible.

Evaluation of Student Volunteer Component

As previously described, problems were encountered with regard to the assignment of high school student volunteers. Although only six students participated as volunteers, and even though the volunteer component was limited to one nursing facility only, a beginning was nevertheless made at integration and interaction of high school youth and the aged. The success of this component of the model program was measured as follows: student volunteers and the activity director of the facility were asked to respond in writing to the following open-ended question: "How did you feel about the assignment of student

volunteers in this model program?" The evaluation of this component of the program was conducted by the author at the conclusion of the 1976-77 school year, June, 1977. Interviews were conducted with a random sample of the elderly residents in the facility who participated in the program. The identical question was also asked of the elderly residents. Although the sample population was small, responses were used to determine whether the objective of the volunteer component of the model program was achieved.

Responses of High School Student Volunteers

The assignment of the high school student volunteers was carried out under the direction of a high school counselor who also served as a part-time adult school counselor during the evening hours. At the end of the spring quarter, June, 1976, the counselor asked the six students to respond in writing to the question: "How did you feel about the assignment of student volunteers in this model program?"

The students were positive in their written observations and their comments reinforced the value of interaction between youth and the elderly, albeit on a small scale. The students' compassion and concern were evident in their written responses.

The following responses were received from the students:

> After I was introduced to some of the elderly people (in the adult education class) I began to relax. I began to talk with them...they really appreciate having students talk to them and help them because they seem so lonely. They loved to share some of their experiences...and how times have changed. When I left (after the class) I had such a good feeling inside. They asked me to come back... I almost wanted to cry. I wish more students would take the time to share a little love with these people...they need all you can give.

> When I assisted in the convalescent hospital, the total impact of growing old hit me. I had never before realized what it must be like to be old and lonely. As I worked and talked with them, I tried to think what they might have been like when they were young...I tried hard to be very attentive when they told me about the crafts projects they were working on...After I left I was thinking about being there with the patients. It gave me a very warm feeling helping and talking to them.
>
> (At first) I wasn't sure I would be accepted but after awhile I felt welcome and happy. The people really appreciated me being there...just to see their lonely smiles on their faces brought tears to my eyes.
>
> To me it was sad...the older people were kept occupied in the crafts projects...the teachers and nurse helped them in their class work...they need to work with young people like us.
>
> ...As student volunteers we were helpful in the crafts class. The teacher and the activity director welcomed our being there. I believe that both students and the elderly patients benefitted from working together.
>
> At first I felt very sick when I went. I hope and pray that when I get into my upper years that no one puts me in a place like this. It's important for older people to have contact with students like us.

Response of Activity Director

The activity director was also asked the identical question, "How did you feel about the assignment of student volunteers in this model program?" The activity director was also positive in her comments as to the effectiveness of having students interact with elderly patients within the classroom setting. As the activity director observed, "students who assisted wondered in which way their continued help could be utilized...and whether or not something like this would be continued in the fall. I would be happy to talk to students and schedule this...we value this aspect of the program."

Responses of Elderly Residents

Individual interviews were conducted by the author with a random sample of elderly patients who participated in the adult craft class where student volunteers were assigned. Once again, the same question was asked: "How did you feel about the assignment of student volunteers in this model program?" During the winter and spring quarters of the adult school year the average class size of the crafts class (where student volunteers were assigned) was 19 students. The author selected 9 students on a random basis to sample their opinions on the use of students.

Responses from these nine residents were positive. They said that seeing, talking with, and relating to high school students was refreshing, and they were appreciative of the concerns and interest expressed by students. A majority of the responses mentioned the value of young people working with them. The elderly residents were pleased to talk with the students, have the students assist them with their crafts projects, and just being with them. One of the nine interviewed suggested that students should be paid a nominal sum as an incentive for attracting additional volunteers.

Evaluation by Elderly Residents of Three Skilled Nursing Facilities

Interviews were conducted with a sample of the residents of three of the eleven skilled nursing facilities in the school district. The sample was limited to interviews with residents of the three facilities where the model program was first initiated and consisted of one facility in the Belmont-San Carlos area, one in the Redwood City area, and one in the Menlo Park area. Written statements were received in the Belmont area and taped interviews were conducted in the other two

areas. In all three facilities the residents were asked to respond to one question: "What are your feelings about adult education classes in your convalescent hospital this past year?" In the Belmont-San Carlos area the written statements were given to the administrator in charge of the facility and in the other two areas one of the instructors taped a series of interviews, which were then transcribed by the practicum writer. The interview statements of elderly residents in these three facilities follow:

> I attended all of the classes and enjoyed them.
>
> I enjoyed the class in crafts...the teacher is an inspiration. She is very artistic, capable, and helpful to me.
>
> The instructor is excellent. The slides we see in the (Art Appreciation) class are interesting and educational. I would not miss her when she comes on Mondays....
>
> I have enjoyed the California History class which I attend regularly. Since I am a native of San Francisco I certainly appreciated the discussions and pictures of the earthquake and fire of 1906.
>
> The Art Appreciation class is educational. The instructor persents the material with clarity and knowledge of the subject. This is one class I thoroughly enjoy and look forward to the presentations.
>
> The California History class is mentally stimulating. The teacher...gives much thought to his presentations...the one on the San Francisco earthquake was unusually good.
>
> California history is historical and accurate...brings back memories of long ago to our age group, many of whom experienced these events of history.
>
> Art Appreciation is very instructive, interesting, and informative. The slides we see allow us to visualize as well as listen.
>
> Modern Art was interesting to me because it was the first time I understood what the artist was trying to express in his/her paintings...interesting and informative.

The crafts class has given me many new ideas and suggestions.

The Art class...gives me a better understanding of the great artists and their lives.

I like anything I can hold on to and think about.

The classes keep my mind active and alert.

I enjoyed the discussion and slides on the San Francisco earthquake. I was there in San Francisco the day before the earthquake on my way to Los Angeles from Maine. It made those slides more enjoyable. The teacher is always interesting. The slides bring back memories.

The art slides of the Winchester Mystery House were interesting. To see the inside of someone else's house...and life...is good.

The Physical Exercisen class made us all feel so good.

I wouldn't want to be without these adult classes...I always come away refreshed....

The exercise class gives us a chance to use our bodies and our minds in an integrated way. The classes make us feel positive and very good about each other and ourselves.

I've been attending for eight months now...I like and enjoy all of the adult education classes.

The classes are stimulating to our minds and bodies.

I can't read anymore, but I understand and enjoy these classes.

We would not miss these adult education classes.

In pain...a good opportunity to put my mind to use.

The classes are worthwhile. The World Cultures class reviews the history that we ourselves engaged in many years ago...the classes have opened new windows and doors to new and beautiful pastures.

I learned to appreciate art...artists have a language and mind of their own.

We have gained new knowledge...history is better appreciated when understood.

Classes were worth our time in learning new things.

We can't get out to the schools...the classes keep our minds stimulated.

I was a former teacher and school administrator...the content and the descriptions in these classes are very meaningful to all of us.

Some of us may be too bashful or shy to comment...I enjoyed the classes...the art class made me understand and appreciate art better.

We don't have to be coaxed to come to these classes.

Many people dealing with senior citizens don't realize that we are not all senile...lots of us have our wits about us... we are interested in learning.

We're never too old to learn...we understand all that is going on around us. I'm 80 years old and still able to learn and profit from these classes.

We look forward to these classes...the day would be too long without classes...we just can't sit out on the patio and die.

IX SUMMARY AND CONCLUSIONS

A model adult education program for elderly residents of skilled nursing facilities within the service area of the Sequoia Union High School District was developed, implemented, and evaluated. The model program was developed after the introduction of one adult education class in a nursing facility resulted in problems for the instructor and the staff of the facility and seriously hampered the effectiveness of the school district's efforts in meeting the educational needs of the elderly in such facilities. As a result of the effectiveness of the model program, a comprehensive adult education program for residents in these facilities was implemented, instructors were provided with training, and the educational needs and interests of the elderly residents and staff members of these facilities were served.

Based on the results of the practicum the following conclusions may be drawn:

1. A rich array of intellectual and cultural adult education classes contributed to the success of the model program.

2. As a result of the continued participation by elderly residents in adult education classes, there was evidence of broadened intellectual horizons and mental stimulation.

3. Elderly residents enrolled in the program maintained attendance patterns at a higher level than adults enrolled in regular adult education classes.

4. The cost-effectiveness of the program was clearly demonstrated.

5. Cooperation with other agencies and coordination of a delivery services for the elderly appeared to be a critical factor in the success of the model program.

6. Interest on the part of the elderly, as well as staff members of skilled nursing facilities, was at a high level throughout the program.

7. Unnecessary duplication of services with other educational institutions was avoided.

8. Meaningful involvement of the elderly was an important factor contributing to the overall success of the program.

9. Flexibility of programming, open-entry and open-exit, as well as easy accessibility, were contributing factors to the success of the program.

10. Providing opportunities for interaction of older adults with high school youth should be included in educational programs for the aged.

11. Instructors teaching the elderly must be carefully selected and provided with proper orientation and in-service training to make them sensitive to the needs of the elderly in health care facilities and to better prepare them to understand the problems associated with aging.

12. Organized educational programs for the aged need the same amount of care and thought that are given to elementary and secondary education.

X FOLLOW-UP OF THE PRACTICUM

This practicum led to the development and implementation of a comprehensive adult education program for older adults in skilled nursing facilities in the Sequoia Union High School District. In a report made to the Sequoia District Board of Trustees and the public on April 6, 1977, describing the total adult education program of the district, the practicum writer emphasized the success of the model program. The Board of Trustees and the public were provided with population statistics, the need and rationale for the program, and a report of the success of the program to date. (The report to the Board of Trustees is included in Appendix K). This report was well received and was followed by a newspaper article in the local press highlighting the program (see Appendix L).

At the beginning of the 1976-77 school year, when the model program was first implemented, there were seven adult education classes in skilled nursing facilities in the district (of these, two were in the Belmont-San Carlos area, three in the Redwood City area, and two in the Menlo Park area). By the end of the 1976-77 school year the program had grown to a total of forty-one classes (eleven in the Belmont-San Carlos area, fourteen in the Redwood City area, and sixteen in the Menlo Park area). At the beginning of the 1977-78 school year the fall brochure of the adult school included forty-four classes for older residents in skilled nursing facilities (eleven in the Belmont-San Carlos area, nine in the Redwood City area, twenty-four in the Menlo Park area). Classes were scheduled in all ten existing skilled nursing facilities in the district. Interest continues in

the program and it is anticipated that additional classes will be added before the end of the 1977-78 school year.

Results of the model program have been disseminated to neighboring school districts and to the Bureau of Adult Education, California State Department of Education.

In July of 1977 a memorandum was distributed to all directors of adult education in California by Dr. Donald A. McCune, Director, Adult Education Field Services Section, California State Department of Education. The purpose of the memorandum was to call attention to a significant document which has strong implications for adult school directors who are implementing adult education programs. The document referred to in the memorandum was an agreement signed by Dr. Wilson Riles, Superintendent of Public Instruction, and Mrs. Janet Levy, Director of the California Department of Aging, regarding the role of educational institutions that serve the needs of older adults. A number of the objectives included in this agreement were included by the practicum writer when first formulating this practicum in September, 1976.

The purpose of the agreement between the California Department of Aging and the California Department of Education was stated as follows:[90]

> The Department of Aging and the Department of Education agree that the ultimate goal of our mutual efforts is to deliver to the elderly, services which will improve

---

[90] Agreement Between The California Department of Aging and the California Department of Education. Sacramento, California, 1977, p. 1.

> the quality of life, assist them to maintain independent living as long as possible, and help them continue making meaningful contributions to the community through appropriate roles and activities. This agreement encourages the utilization of public school facilities for serving meals to the elderly, and for promoting the extension of public school facilities to provide a variety of educational, recreational, and other community services, and volunteer services for the elderly.

In discussing the objectives of the agreement, portions of the following language from the document are of particular significance to this practicum:[91]

> The mission of the public school system is to provide instruction and related services to the residents of the state. This mission is carried out under policies established by state and federal legislative and executive agencies and by local school district boards. Subject to such policy direction, it is recognized that California's public school system also provides an effective vehicle for meeting special needs of many populations in society, including those of older adults...

The agreement specifies five objectives, of which numbers 3, 4, and 5 are of particular significance to this practicum:[92]

1. To encourage the utilization of public school facilities in meeting the nutritional needs of older persons;

2. To encourage increased cooperation with other community agencies and organizations to use school facilities as a site for delivery services to the elderly;

3. To encourage greater opportunities for older people to participate in educational, recreational, cultural and other activities in the school and to utilize their talents in the educational system;

4. To help youth understand the process of aging, the life cycle, and the value of older citizens in society;

---

[91] Ibid.

[92] Agreement Between The California Department of Aging and The California Department of Education, op. cit., p. 2.

5. To promote the study of aging as a normal part of life continuum by encouraging intergenerational discussion materials and cooperating with teacher training institutions.

APPENDIX A

CORRESPONDENCE AND CONFERENCE AGENDAS

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY EDMUND G. BROWN JR., Governor

DEPARTMENT OF AGING
918 J STREET
SACRAMENTO, CALIFORNIA 95814

November 10, 1976

Mr. Norman Shapiro, Director
Sequoia District Adult School
Broadway and Brewster Avenue
Redwood City, CA 94063

Dear Mr. Shapiro:

We have received your letter requesting information on the number of elderly in this state as well as information with regard to the elderly population in skilled nursing facilities.

The total number of persons 60 years of age and older in California is 2,909,830; this is the largest elderly population of any state in the United States. The number of persons 60 years and older in San Mateo County is 74,930. These figures were obtained from the Population Research Branch of the California Department of Finance and are 1975 statistics.

For information regarding licensed skilled nursing facilities and their elderly occupants you should contact the Facilities Licensing Section of the Department of Health. They issue an Health Facilities Directory which lists and briefly describes all licensed health facilities in California. They are located at 744 P Street, Room 440, Sacramento, California 95814.

Also, for information regarding educational programs in skilled nursing facilities you might wish to contact Marion Marshall who is the adult education consultant in the State Department of Education. She may have some information about existing or attempted programs in this field. The State Department of Education is located at 721 Capitol Mall, Sacramento, California 95814.

In addition, if you have not already contacted the local area agency on aging in San Mateo County, you might wish to communicate with them regarding local programs and activities. Their complete name and address is San Mateo County Area Agency on Aging, 234 Marshall Street, #10, Redwood City, California 94063, (415) 364-5600 ext. 2651.

Sincerely,

Marilyn Lewis

Marilyn Lewis
Program Analyst

Sequoia District Adult School

BROADWAY AND BREWSTER AVENUE
REDWOOD CITY, CALIFORNIA 94063

369-6809
369-1412
Ext. 268

Norman Shapiro, Director

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DAVID P. TANSEY
Asst. Superintendent
Educational Services

TO: Adult School Directors, San Mateo County

FROM: Norman Shapiro, Director, Sequoia District Adult School

RE: Gerontology Programs

DATE: April 5, 1976

As you probably are aware, elderly citizens are one of the most rapidly growing segments of our population, and I feel it is our responsibility to take a leadership role in providing educational opportunities to meet their needs.

Within recent weeks, I have participated in some preliminary meetings with representatives from Cañada College. Cañada College has a fine gerontology program to serve the older citizens in our communities. In cooperation with Cañada, a needs assessment instrument is being developed, and it is my feeling that other districts would want to be involved in this important undertaking. I sense the need of better serving the residents of convalescent hospitals and resident day-care homes by this coordinated approach.

I also feel that there is a need to refine the matrix that each of us developed for the Montoya Bill, and I feel it would be of value if we got together to do this for the gerontology program.

Since our District has expressed some interest in this program, I have arranged for a meeting on Friday, April 30, from 1:30 to 3:30 p.m. at our District office, 480 James Avenue, Redwood City, Board Room D. I have taken the liberty of inviting representatives from Cañada College and hope that as a group of adult school directors, we can determine what direction adult high schools should be taking to coordinate and improve offerings for the elderly in our respective communities.

Norman Shapiro

Norman Shapiro

NS:rn

Sequoia District Adult School

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REDWOOD CITY, CALIFORNIA 9[illegible]

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Norman Shapiro, Director

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Asst. Superintendent
Educational Services

TO: Adult School Directors, San Mateo County

FROM: Norman Shapiro, Director, Sequoia District Adult School

RE: Gerontology Programs - Meeting of April 30

DATE: April 21, 1976

Reminder - Our meeting is scheduled for Friday, April 30 at 1:30 to 3:30 p.m., Sequoia District Office, 480 James Avenue, Redwood City, Board Room D. Joining us to chair the meeting will also be Mrs. Deila Viscerra, San Mateo County, Director, Area Agency on Aging.

Agenda Items:
1. Welcome
2. Purpose of the meeting - Deila Viscerra
3. Role and responsibilities of educational institutions in San Mateo County
   a. Cañada College - Lois Cunningham
   b. Adult high schools
4. Coordinated Needs Assessment
   a. Present programs
   b. Planned programs
   c. Programs that should be

Looking forward to seeing each of you on the 30th.

Norman Shapiro

Norman Shapiro

NS:ra

CAÑADA COLLEGE

May 10, 1976

To: The Administrator, Activity Director and all Appropriate Personnel

From: Gerentology Education Consortium (See enclosed list)

Re: Educational Programs in Skilled Nursing Facilities

In an effort to serve each of your facilities and residents in a more coordinated way, we are asking your participation in a meeting to be held at Cañada College Wednesday, May 26, 1976 from 3:30 to 5:30 p.m. in Building 3, Room 117.

The purpose of the meeting is to bring personnel from the county education recreational programs together with appropriate personnel from the skilled nursing facilities to discuss our common concerns in developing the best educational program that can be provided. All of us sense the need to better serve you in a coordinated way.

We would appreciate your responding on the enclosed form and returning it as soon as possible so that we can anticipate the numbers who will be in attendance.

If you have any questions or wish to include any items on the agenda (enclosed), please call the Community Services office, Cañada College, 364-1212, Ext. 236.

Thank you for your interest in helping us better serve your needs.

Encs.

4200 FARM HILL BOULEVARD • REDWOOD CITY, CALIFORNIA 94061 • (415) 364-1212

CAÑADA COLLEGE

Educational Programs in Skilled Nursing Facilities

AGENDA (Tentative)

Meeting: Cañada College

Date: Wednesday, May 26

Time: 3:30 to 5:30 p.m.

Items

3:30 Welcome and Introduction

3:40 Role of the Education Consortium

A. Discussion of the need for information
Needs Assessment - what, when, how

Several different kinds of data collection forms would be provided for the discussion. We would hope to receive input from the group on this.

B. Discussion of Procedures for setting up courses and programs. Discussion of Procedures for evaluation of courses and programs.

4:30 Small group meetings with area representatives

5:00 Wrap-up. Where do we go from here.

4200 FARM HILL BOULEVARD • REDWOOD CITY, CALIFORNIA 94061 • (415) 364-1212

CAÑADA COLLEGE

Educational Programs in Skilled Nursing Facilities

AGENDA

Meeting: Cañada College

Date: Wednesday, May 26

Time: 3:30 to 5:30 p.m.

3:30 Welcome and Introduction

Dr. J. William Wenrich, President, Cañada College

Norman Shapiro, Principal, Sequoia Adult School

3:40 Role of the Education Consortium

Discussion of the need for information

Needs Assessment - what, when, how

Lois Cunningham, Coordinator, Gerentology Program
Cañada College

4:30 Small group meetings with area representatives

Discussion of procedures for setting up and evaluating courses and programs

5:00 Wrap-up. Where do we go from here?

NOTES OF MEETING HELD AT CAÑADA COLLEGE, WEDNESDAY, MAY 26, TO CONSIDER EDUCATIONAL PROGRAMS IN SKILLED NURSING FACILITIES.

Present: See attached list

After introductions by Lois Cunningham, who acted as chairperson for the afternoon, welcoming remarks were made by Dr. J. William Wenrich, President of Cañada College and Norman Shapiro, Principal of Sequoia Adult School, both of whom stressed the value of cooperative planning between Adult Education, the Community College, and the skilled nursing facilities to provide programs of interest to both residents and staff.

Ms. Cunningham, in further emphasizing the need for cooperative planning, distributed the enclosed form, indicating it could be used to the mutual benefit of both the education agency and facility to more adequately respond to any request for programming. She suggested that facility personnel and educational agencies regard the form as a draft, subject to any modification deemed necessary by those who would use it. It was further recommended that the administrators of each adult school and community college jointly participate with the skilled nursing facilities, in their given area, in using the form for the collection of data.

In the ensuing discussion, the following points were made relating to programming for residents as well as staff of skilled nursing facilities:

1. There is need for more flexibility regarding the approach to curriculum along with a realistic assessment of offerings related to the mental-physical states of residents.

2. Orientation and training of teachers sensitive to the needs and interests of residents should not be underestimated; it was suggested that volunteers might be trained to work along with the instructors.

3. Time might be set aside in order for activity directors to discuss programming with the instructors.

4. It is the intent of the Area Agency on Aging to work with the nursing facilities in the planning for improved service.

5. Activity directors and instructors need to understand each others roles, responsibilities, and constraints.

6. It is important that school personnel develop a better understanding of State legislation as it applies to skilled nursing facilities; to become more familiar with State mandated continuing education requirements for increase in levels and areas of personnel; and to increase their awareness of the process of aging.

7. There is great need for in-depth training of nursing aides/assistants leading to certification that could be conducted jointly by the community college and adult school systems. It was noted that while salary might be related to high turnover in the nursing aide/assistant field, an adequate training program to include clinical experience should not be overlooked.

8. Support was expressed for a consortium structure whereby adult education, community colleges and skilled nursing facilities could meet in a more formalized way; such a cooperative relationship to operate within a smaller unit whereby adult education personnel and nursing facilities staff could begin by meeting to discuss the needs assessment questionnaire enclosed.

9. Lois Cunningham will contact each adult school unit by mid-July in order to consider ways in which Cañada College could be of assistance.

MEETING HELD AT CAÑADA COLLEGE, WEDNESDAY, MAY 26, TO CONSIDER EDUCATIONAL PROGRAMS IN SKILLED NURSING FACILITIES

PRESENT:	Name	Affiliation
	Winifred Heimann	Devonshire Oaks
	Bettye Augustin	Devonshire Oaks
	Tom Fraley	Skyline College
	Ruth Taser	Sharon Heights
	Dorothy Greenen	Sharon Heights
	Marianne Mannia	Sharon Heights
	Darcy Anderson	Sharon Heights
	Jeanne E. Daly	San Mateo Health Dept. - VNA
	Maryellen Jackson	Jefferson Adult Division
	Norman Shapiro	Sequoia District Adult School
	William Beaner	College of Notre Dame
	Shirley Ebling	College of Notre Dame
	Mary Lou Whitcomb	Whitcomb Convalescent Hospital
	Phyllis J. Steele	Moss Beach Hospital
	Mary Lou Beheymer	Hillsdale Manor
	E. Anne McCune	South San Francisco Senior Center
	Dorothy Kardashian	Therapy Recreation Consultant
	Maureen Kennelly	College of San Mateo
	Pat Lavin	San Mateo Health Care- Social Service
	Sylvia Newport	San Mateo Health Care - Social Service
	Betty Frint	San Mateo Convalescent Hospital
	Judy Plaska	Alcoholics Anonymous Association
	Myron Gershenson	San Mateo Adult School
	Wayne Smith	San Mateo Adult School
	Betty Frost	Millbrae Serra Convalescent Hospital
	Jerry Thiebaut	Hillsdale Manor
	Robin Leddy	San Mateo Adult School
	Mildred Lorenzan	Sr. Outreach, Senior Center, South San Francisco
	Ted Gilman	Cañada College
	Dr. J. William Wenrich	Cañada College
	Ruth K. Nagler	Cañada College
	Lois Cunningham	Cañada College

Agencies invited to participate in the Gerentology Education Consortium

Cañada College
College of San Mateo
Skyline College
Sequoia Adult School
South San Francisco Adult School
Cabrillo Unified Adult School
San Mateo Union Adult School
Jefferson Union Adult School
City of San Mateo Parks and Recreation
Menlo Park Recreation
Burlingame Recreation
Woodside Recreation
Foster City Recreation
Redwood City Recreation
County Office of Education
San Mateo County Commission on Aging
San Mateo County Regional Occupational Program
San Mateo County Area Agency on Aging

Sequoia District Adult School

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Asst. Superintendent
Educational Services

December 14, 1976

To: Instructors in Skilled Nursing Facilities

As a follow-up to the letter you received from Canada College, I am pleased to inform you that final plans have been formulated for the workshop at Canada College on Saturday, January 22, 8:30 a.m. to 3:30 p.m.

As one component of the "model program" we are developing for adult education for the aged in skilled nursing facilities, this in-service workshop will include the following topics: Psycho/social emotional aspects of aging, Psycho/social biological characteristics of aging, Multi-handicaps: Need of special equipment and methods of communication, Techniques of working with confused and/or disoriented seniors, Social policy and aging; and Volunteers/community resources/families.

In addition to Lois Cunningham, Coordinator of the Gerontology Program at Canada, other instructors will include: Dr. Bonnie Russell, Director of the Gerontology Education Training Center, San Jose State University; Ms. Evelyn Goodard, Occupational Therapist; Ms. Dorothy Kardashian, Recreation Therapist; and Ms. Maureen Shaw, Director of the Human Services Department, Notre Dame College.

The location of the workshop is Building 3, Room 142, Canada College. Additional details will be forwarded to you from Canada. The tear-off sheet you received from Canada should be returned directly to Lois at the college.

I look forward to seeing you on January 22. Best wishes to you and your families for a happy and healthy holiday season.

Sincerely,

Norman Shapiro
Director of Adult Education

NS:ra

THE EDUCATOR IN HEALTH CARE FACILITIES

Cañada College
Building 3, Room 142

January 22, 1977
8:30 a.m. - 4:00 p.m.

AGENDA

8:30 - 9:00	Registration
9:00 - 9:15	Welcome and Orientation Lois Cunningham, Coordinator Gerontology Program
9:15 - 10:00	Aspects of Aging Maureen Shaw, Director Human Services Program Notre Dame College
10:00 - 11:15	Characteristics of Aging and Methods of Communication Dorothy Kardashian, Recreation Therapist Evelyn Goodard, Occupational Therapist
11:15 - 11:45	Questions and Transition
11:45 - 12:30	Lunch - Brown Bag Refreshments will be served We encourage people to enter into discussions with the resource people during lunch.
12:30 - 2:30	Panel - What Comes After "Hello" John Stokes, Clinton Park Adult School Oakland Unified School District Corinne Price, Coordinator Creative Living Program Salinas Adult School
2:30 - 2:45	Break
2:45 - 3:30	Social Policy and Aging Bonnie Russell, Director, Gerontology Training Center, San Jose State University
3:30 - 4:00	Wrap-up and Evaluation

Cañada College is located at 4200 Farm Hill Boulevard, Redwood City, CA 94061

FOR FURTHER INFORMATION CALL: 364-1212, ext. 222/339

Sequoia District Adult School

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Norman Shapiro, Director

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District Superintendent

January 26, 1977

Ms. Lois Cunningham, Coordinator
of Gerontology Program
Community Services
Canada College
4200 Farm Hill Boulevard
Redwood City, CA 94061

Dear Lois:

On behalf of the Sequoia District Adult School and the instructors teaching in skilled nursing facilities, I would like to express my appreciation to you for the fine workshop you organized.

The session that was held Saturday, January 22, was well planned, and I received many fine comments from our teachers. The information that was presented gave our instructors insight into the problems of aging as well as to some practical suggestions for conducting our classes. The speakers were well prepared and had much to offer.

Once again, we appreciate the involvement of Canada College in working with the Sequoia District Adult School in this major program. As you know, a staff development program is one of the components of the model program we are in the process of developing in order to meet the needs and the interests of the aged in skilled nursing facilities. We look forward to the remainder of the sessions.

Sincerely,

Norman Shapiro

Norman Shapiro, Director
Sequoia District Adult School

NS:ra

cc: Ms. Ruth Nagler

THE EDUCATOR IN HEALTH CARE FACILITIES
(Workshop IV)

Cañada College
Building 3 Room 142
March 26,1977 - 8:30 a.m. - 4:30p.m.

AGENDA

8:30 - 8:40	Registration
8:40 - 8:50	Welcome and Orientation, Lois Cunningham, Coordinator Gerontology Program, Cañada College
8:50 - 9:50	Overview: THERE IS A TIME TO BE BORN AND A TIME TO DIE (with incidental music) Conceived and directed by Phil Schultz, Menlo College
9:50 - 9:55	Response: Questions and Answers
9:55 - 10:05	Break
10:10 - 11:30	Panel: THE IMPACT OF EDUCATION ON THE NURSING HOME Paul Gould, Instructor, Health Care Administration Dr. Lee Powers, Assistant Principal, San Mateo Adult School Moderator: Dr. Bonny Russell, Director , Gerontology Training Center, San Jose State University
11:40 - 12:00	Response: Questions and Answers
12:00 - 12:30	BETTER USE OF AUDIO VISUAL EQUIPMENT IN THE HEALTH CARE FACILITY Don Klipper, San Mateo and Sequoia Adult School and teacher in 14 skilled nursing facilities in San Mateo County.
12:30 - 1:00	Lunch Break (The cafeteria will be open)
1:00 - 2:25	Session I Workshop A INDIVIDUALIZING ACTIVITY PROGRAMS: Dorothy Kardashian, Recreational Therapist, Consultant Skilled Nursing Facilities; Evelyn Goddard, Occupational Therapist Consultant Skilled Nursing Facillties; Maureen Shaw, M.S.W. Director, Human Services Program, Notre Dame College Workshop B GROWING WHILE AGING Mimi White, Retired Psychiatric Nurse, Fort Help; Worden McDonald, Counselor at Fort Help; SAGE
2:25 - 2:35	Break
2:40 - 4:05	Session II The above wordshops will be reversed so that everyone can participate in both workshops.
4:05 - 4:30	General Session - Questions and Wrap-up

THIS WORKSHOP HAS BEEN FUNDED THROUGH TITLE IV-A TRAINING GRANT BY THE AREA AGENCY ON AGING

HILLHAVEN CONVALESCENT HOSPITAL

MENLO PARK, CALIFORNIA 16 COLEMAN PLACE DAVENPORT 6-0802

September 20, 1976

Mr. Norman Shapiro
Sequoia Adult School
Broadway & Brewster
Redwood City, Ca.

Dear Mr. Shapiro:

I've just had a nice visit with Jean Pine who informs me of a possible adult education course in Art Appreciation being offered to our senior citizens residing in convalescent hospitals in the Sequoia school district.

I am most enthusiastic about this and wish to sign up our hospital here and now, also any other courses of study available to our senior citizens in convalescent hospitals such as music appreciation, exercise programs and rhythm bands keyed to the needs and benefits of these residents.

You may recall that I spoke to you on the telephone about adult education for convalescent hospitals about two years ago and I was very encouraged by your initial enthusiasm. I was also in touch with the office this past year with a promise of further looking into this possibility.

I know of several hospitals in San Mateo, Burlingame and Millbrae, including a Hillhaven facility in Burlingame, who have as many as four or five adult education courses per hospital. We also have a Hillhaven Hospital in Mountain View enjoying these same priviledges.

From my conversation with Mrs. Pine, I understand these courses of study could be started in October. Would you please advise me what programs are available and what plans are under way for same.

The field of gerontology has become so important that this would be a meaningful contribution in our Sequoia School District.

Sincerely yours,

Claire T. Sommers

Claire T. Sommers
Activity Director

20 January 1977

Christine Kiehl, RMT
Sequoia Hospital
Extended Care Unit
Whipple & Alameda
Redwood City, California 94062

Mr. Norman Shapiro
Sequoia Adult Education
Sequoia High School
Broadway & Brewster Avenue
Redwood City, California 94062

Dear Mr. Shapiro,

This is to thank you for your interest in establishing Adult Education classes for our convalescent and extended care patients here at Sequoia Hospital. It has made a world of difference in our Recreation program. Currently, through your service, we have a music class, an art appreciation class, and crafts. In March we will be starting an Exercises and Movement session offered by Minda Goodman, and Herminia Florida and I have an appointment tomorrow morning to discuss the beginnings of still another course. Along with field trips for the patients, I think the Adult Ed. courses are the best things to ever happen to the nursing home setting. Thank you for your efforts and your time.

Sincerely,

Chris

Christine Kiehl, RMT

EAGLE-A
TYPE-ERASE

Sequoia Hospital District
Whipple & Alameda, Redwood City, CA 94062 (415) 369-5811

January 24, 1977

Dr. Harry Reynolds
Superintendant
Sequoia High School District
Broadwy and Brewster Ave.
Redwood City, California 94062

Dear Dr. Reynolds:

Christine Kiehl, who is in charge of the Recreation Therapy Program for our Long Term Care Unit, has advised me of the outstanding support provided by the Adult Education Department at Sequoia High School. Mr. Shapiro has been instrumental in establishing music and art appreciation classes, and craft classes. Exercise and movement classes are in planning. Ms. Kiehl states that these classes are a superb improvement to the Long Term Care setting.

I want to thank you for the encouragement you are giving your people to extend Adult Education services to our patients and for the excellent relationship which has developed between Mr. Shapiro, his instructors, and our staff. This arrangement carries over into action some of the things we discussed at our meeting, and I heartily appreciate it.

Yours very truly,

Richard R. Daniels
Administrator
RRD/tr

cc: William Jordan, M.D.

RICHARD R. DANIELS, Hospital Administrator | WILLIAM H. MAUEL, President | WILLIAM R. FRITZ, Vice President | STUART G. WHITTELSEY, JR., Treasurer | LYNNETTA HAMILTON, Secretary | ELDON E. ELLIS, M.D., Asst. Secretary-Asst. Treasurer

Sequoia Union High School District

480 JAMES AVENUE, REDWOOD CITY, CALIFORNIA 94063

Administrative Offices (415) 369-1412

BOARD OF TRUSTEES
Richard W. Dorst
Mrs. Helen Hausman
William E. Jordan, M.D.
Jack Robertson
Timothy F. Wellings, Jr.
HARRY J. REYNOLDS
District Superintendent

January 28, 1977

Mr. Richard R. Daniels, Administrator
Sequoia Hospital District
Whipple & Alameda
Redwood City, Ca. 94062

Dear Mr. Daniels:

Thank you so very much for sharing your pleasure with us. Like you, we perceive ourselves as a service to our community and we want to continue in that role. We are pleased that we can cooperate in the healing process by providing service to those in long term care.

We especially value Norm Shapiro as an effective, creative staff member and as one who is sensitive to the needs of people. I will pass on your letter to him.

Very sincerely,

Harry J. Reynolds
Superintendent

HJR:gb
cc: Mr. Norm Shapiro
Board of Trustees

UNIVERSITY CONVALESCENT HOSPITAL
2122 SANTA CRUZ AVENUE, MENLO PARK, CALIFORNIA 94025
PHONE 854-4020

4-11-77

Dear Mr Shapiro,

We, at University Branch, wish to thank Sequoia Adult Education for the wonderful classes they have brought to our hospital.

We are learing, discussing and keeping our minds busy and stimulated. It is a great addition to our long, dull, lonely lives. We have something to look forward to and to discuss and think about at other times then class time. It is so nice of the teachers to be allowed to come to those of us that cannot get out.

Sincere appreciation,

Linda Manapeaker
and
"The University Branch Gang"

Sharon Heights
CONVALESCENT HOSPITAL

1185 Monte Rosa Drive
Menlo Park, Calif. 94025
Telephone 854-4230

May 23, 1977

Dear Mr. Lapins -

As this school year draws to a close I wish to take this opportunity to express my gratitude to you and your staff for the great classes we have had here at Sharon - Our "Students" enjoyed each one and I in turn am grateful to see my patients happy and participating. People, like you and your staff, who give more than lip service to the aged are to be commended. Please express our thanks to Sonya Hamilton, Chris Smith, Marie McLeod, Minda Godmen and Don Clipper -

Lets do it again next fall! Best wishes

Dorothy Keenan
adm

APPENDIX B

SURVEY INSTRUMENT

SEQUOIA DISTRICT ADULT SCHOOL

August 11, 1976

ADULT EDUCATION PROGRAMS IN SKILLED NURSING FACILITIES

Educational institutions are becoming increasingly aware of the educational needs of the aged in our community. As part of our goal of serving the needs of all members of the community, the following questionnaire is designed to gather information from Administrators of skilled nursing facilities within the service area of the Sequoia Union High School District. The information derived from the questionnaire will assist us in identifying the important elements of a model program to better serve elderly residents in facilities such as yours. The information will be treated in a confidential manner.

Would you please take a few minutes of your valuable time to complete this form and return it, iff possible, before August 25. A self-addressed envelope is enclosed for your convenience.

Sincerely,

Norman Shapiro
Director of Adult Education

I. Population Characteristics:

1. Capacity (number of beds in your facility) _____

2. Number of residents in your facility at present:

   Male _____ Female _____ Total _____

3. Average age of residents: Male _____ Female _____

II. Services Provided: (Please circle those services presently provided)

1. Medical care
2. Skilled nursing care
3. Mental health
4. Speech therapy
5. Physical therapy
6. Occupational therapy
7. Activity programs:
   a. Educational
   b. Recreational
   c. Social
8. Other Services (please explain)

   _____

   _____

   _____

III. Facilities:

Please indicate below your present facilities for adult education classes - i.e., classrooms, recreation rooms, shops, crafts areas, etc.

_____

_____

IV. Staffing: (please indicate your present staffing pattern below)

	Number Paid	Number Volunteer	Total Number
Administrator			
Activity Director			
Doctors			
Nurses			
Nurses Aides			
Social Worker			
Recreational staff			
Physical therapist			
Speech therapist			
Volunteers			
Others (please specify)			

V. Adult Education course offerings:

Using the following five-point scale to rate the desirability of adult education courses listed below, how would you rate them as meeting the educational needs and interests of residents in your skilled nursing facility?

4 Highly Desirable
3 Moderately Desirable
2 Moderately Undesirable
1 Highly Undesirable
0 Lack information to judge

	4	3	2	1	0
1. Current Events					
2. Contemporary Literature					
3. Crafts					
4. Painting					
5. Ceramics					

V. Adult Education course offerings, (cont.):

	4	3	2	1	0
6. Psychology	—	—	—	—	—
7. Basic Drawing	—	—	—	—	—
8. Lip reading	—	—	—	—	—
9. Physical Exercise	—	—	—	—	—
10. Science	—	—	—	—	—
11. Philosophy	—	—	—	—	—
12. Investments	—	—	—	—	—
13. Income Tax Preparation	—	—	—	—	—
14. Government	—	—	—	—	—
15. United States History	—	—	—	—	—
16. Staying mentally young	—	—	—	—	—
17. Music Appreciation	—	—	—	—	—
18. Vocational training	—	—	—	—	—
19. Others (please specify)	—	—	—	—	—
_____	—	—	—	—	—
_____	—	—	—	—	—

VI. Selection of Adult education courses:

Please rank the following items in order of desirability from the highest (5) to the lowest (1):

	RANKING
1. Programs or adult education courses should be selected by:	
a. The adult school staff	_____
b. The aged themselves	_____
c. Activity Directors of skilled nursing facilities	_____
d. Advisory committe made up of adult school staff, activity directors, and the aged	_____
e. Community agencies	_____

VI. Selection of Adult education courses, (cont.):

RANKING

2. Length of adult education courses:

   a. Single events _____
   b. Four weeks _____
   c. 6 - 7 weeks _____
   d. 8 - 10 weeks _____
   e. 11 - 12 weeks _____

3. Length of class session:

   a. 1 hour _____
   b. 1½ hours _____
   c. 2 hours _____
   d. 2½ hours _____
   e. More than 2½ hours _____

4. Time of day:

   a. Morning _____
   b. Afternoon _____
   c. Early evening _____
   d. Late evenings _____
   e. Weekends _____

VII. Training of Adult education instructors:

Do you have any suggestions as to what should be included in an orientation program and in-service training program that the Sequoia District Adult School is planning to provide for instructors assigned to teach in skilled nursing facilities?

VIII. Student Volunteer Program:

Please indicate your feelings about student volunteers from a local high school assisting instructors in adult education courses in your skilled nursing facility:

IX. Comments, suggestions, etc. regarding Adult education programs for residents of skilled nursing facilities:

APPENDIX C

COURSE OUTLINES

SEQUOIA DISTRICT ADULT SCHOOL

AFFIRMATIVE LIVING FOR SENIOR CITIZENS

Introduction:

Continuing education and social involvement become increasingly important to older citizens during their post-retirement years; the alternatives are isolation, depression, and a lessening of intellectual functioning. The purpose of this course is to provide our older citizens in skilled nursing facilities the opportunity for continued social and intellectual growth.

Course Content:

1. Communication theory and experiential practice in effective communication
2. Current events
3. Assertiveness training including review of theory and literature when appropriate and practice sessions involving typical problems associated with old age
4. Humanistic psychology including review of basic philosophy and group work involving emotional expression and social problem solving

Course Objectives:

1. Students will learn specific theory and skills (communication-assertiveness) for coping with later life
2. Students will learn a growth-oriented philosophy of this last developmental stage
3. Student interest in knowing and sharing information on current events will be increased or maintained
4. Students will be encouraged to set up for themselves an ongoing group learning and support system

SEQUOIA DISTRICT ADULT SCHOOL

ART APPRECIATION

Introduction:

Lecture and color slide presentations will include all the visual arts, especially those with local or recent historical interest. Each class session will concentrate on one idea: the work of one artist, one building, or a particular aspect of the history of art. Effort will be made to relate to the actual experience of senior citizens, e.g., focusing on local aspects of art such as the 1915 Exposition in San Francisco, or the history of design as seen in the development of fashion or automobile designing. Contemporary exhibits will be photographed and studied to stimulate a visit to an art show or particular museum.

Course Content:

1. Sculpture of Benjamin Bufano
2. 1915 Exposition - San Francisco
3. The Family of Man - photographs
4. Design in Women's clothing
5. Kings' Mountain Art Fair
6. Visit to the Palace of Fine Arts - San Francisco
7. California Museum of Art and Architecture
8. The Life and Work of Individual Artists
9. "Tour" of Local Museums and current Art Shows
10. Design development of the Automobile
11. Examination of individual paintings for meaning, feeling, symbolism, and iconography
12. Pumpkin Festival Art Fair - Half Moon Bay
13. Christo's Running Fence

Course Objectives:

1. Students will enhance their understanding of the history of painting, sculpture, and architecture and its revelance to contemporary standards
2. Contributions from students in the class will help students to relate their own experiences and perceptions into a larger view of art and aesthetic awareness
3. Coverage of current exhibits will allow students to explore their own reactions to types of arts and crafts which may be new to them, to make critical judgments, and to discuss some understanding of the traditional values in art appreciation

SEQUOIA DISTRICT ADULT SCHOOL

CALIFORNIA HISTORY WITH EMPHASIS ON THE BAY AREA

Introduction:

The purpose of the course is to present an overview of California History by means of a series of lectures and discussions. Audio-visual materials and artifacts pertinent to San Mateo County will be used.

Course Content:

1. The World of California
2. Physical and Cultural overview of California
3. Settlement of California - from Indians to Vietnamese
4. Gold Fever
5. Transportation Systems
6. Water problems, laws, and schemes
7. San Francisco Bay Region
8. Agriculture - then and now
9. Minorities
10. Architecture in California
11. Personalities in California History
12. Industry in California

Course Objective:

1. To present history of California emphasizing the Bay Area
2. To broaden the horizon of students by introduction of elements of environment with which the student may not have been familiar
3. To enable student to relate to known environments from which he may be currently separated
4. To enable senior citizens to up-date their knowledge of California history

SEQUOIA DISTRICT ADULT SCHOOL

CRAFTS

Introduction:

The crafts class is held in a relaxed atmosphere offering instruction in simple handycraft techniques, and is geared specifically for patients with small motor control difficulties (due to arthritis, etc.), eyesight problems, and some mental disorientation. Effort is made to offer projects that focus in on the needs of the patient at a skilled nursing facility. A project that will enhance the patient's stay; either decoratively or functionally, or a project that could be given as a gift is what is strived for.

Course Content:

Several kinds of media are introduced in the class depending on the patient's particular need, limitation, or personal preference. Simple pottery-making techniques that require some dexterity in only one hand are favored by some of the more arthritic patients with amazingly good results. Abstract tile mosaics are easy and favored as projects. Sewing and weaving arts seem the most appreciated and encourage the most participation. Using large needles, colorful yarn, and nylon netting a patient can make a series of lap blankets, dresser scarves, pillows, etc. Old fashioned yarn dolls, small stuffed animals, stockings, and Christmas cookies are popular tree ornament crafts. Using a variety of found objects such as material and yarn scraps, buttons, trimmings, clothespins, crepe paper, etc. many useful objects and collages can be constructed.

Course Objectives:

1. Getting patients to interact, about their projects, personal items, or anything
2. Getting input from patients as to which projects they like to do most
3. If holiday time, encourage patient to remember what aspects of that holiday s/he liked best; how the family prepared for it, etc.
4. For extremely arthritic patients encouraging them to use their hands in a way that is challenging but not frustrating
5. Encourage more capable patients to help less capable patients
6. Encourage the more retiring onlookers to join in with the group
7. Encourage self-confidence in the patient's individual abilities

SEQUOIA DISTRICT ADULT SCHOOL

MUSIC APPRECIATION

Introduction:

The purpose of this course is to provide our older citizens with the opportunity to become better educated listeners in order to increase their enjoyment of music.

Course Content:

Students will become familiar with music of different periods, medieval to contemporary. They will be introduced to representative composers and their works, to different types of music (symphony, opera, chamber music, song, etc.), and to the instruments used in performing these kinds of music.

Course Objectives:

1. Students will learn to listen intelligently to music of various kinds and periods.
2. Students will gain a better understanding of all types of music.
3. Students will develop criteria for judging performers and performances.
4. Students will be able to draw assocations and identification from music and relate them to their previous backgrounds and experiences.

SEQUOIA DISTRICT ADULT SCHOOL

PHYSICAL EXERCISES FOR THE ELDERLY

Introduction:

This course is designed to help the older adult to maintain and improve muscle tone, posture, flexibility and suppleness in order to prevent injury and positively affect energy, mood and body image. In the skilled nursing facilities the class also attempts to improve social relationships among the residents by involving them in a group reinforcement activity. Most of the movements are performed in chairs, so there will be no fear of losing balance and therefore concentration can be focused on the specific body part doing the work. At the end of each class the chairs are pushed back and those who are able to can partake in simple locomotor movements through the space.

Course Content:

Progression from week to week is not so much in terms of areas covered as it is in terms of difficulty and complexity of the exercises in each area:

1. Whole body warm-ups
2. Relaxation and breathing techniques
3. Isolated body part exercises
4. Exploration and imitation of simple movement patterns
5. Exploration and imitation of rhythm patterns as they relate to movement
6. Solving of movement problems that require group participation and initiation

Course Objectives:

1. To consciously involve geriatrics in the physical working of their body
2. To exercise their minds and promote confidence through the learning and repetition of movement patterns
3. To understand how their body reflects and affects their emotional being
4. To involve them in a group participation activity

SEQUOIA DISTRICT ADULT SCHOOL

WATERCOLOR PAINTING

Introduction:

This particular Watercolor Painting class is geared for the elderly in skilled nursing facilities. It is planned as an educational experience as well as to create an awareness to two dimensional art. Each class will have a demonstration of the project for the day, done by the teacher, followed by step-to-step instruction. This serves to immediately review the project to the convalescent and to the volunteers who aid and reinforce the lesson. The student is then encouraged to paint on his own, if possible. At the end of each lesson, a display of the day's art will be displayed on the wall for all to enjoy.

Course Content:

Course content is to have simple, basic art projects teaching the fundamentals of color theory; drawing from the most simple forms; painting atmospheric perspective; introduction to Japanese painting techniques; brush techniques with flat and round brushes. Occasional discussions on art appreciation and demonstrations in advanced painting techniques will be presented only for the enjoyment of the student.

Course Objectives:

1. To introduce a background to watercolor techniques.
2. To develop an appreciation of the medium; an awareness to the things around us.
3. To keep the student entertained, absorbed and interested to continue.
4. To discover hidden talents; to help develop coordination (hand-eye-arm).
5. To give the student an activity to look forward to from week to week.

SEQUOIA DISTRICT ADULT SCHOOL

WORLD CULTURES - Past & Present

Introduction:

By the use of selected 16mm documentary films, the Instructor will point out the geographic and economic profile of each Country, explain the cultural life-styles of the people based on past historical developments; and lead a 'recall' discussion of students previous knowledge of this Country and it's people. The Course will be geared to senior citizens, residents of local skilled nursing facilities that can see and/or hear, and have some sense of awareness.

Course Content:

Beginning in The British Isles, each class meeting will explore a Country of Western Europe, Scandinavia, Eastern Europe, Africa, The Middle East; India and South-East Asia; the Orient; The Pacific area; Latin America and The Caribbean Islands.

Course Objectives:

1. To bring back a sense of 'recall' from years past, when the student learned, knew about, or traveled to other Countries of the world

2. To get a more visual understanding, and appreciation, of how other people live in the World of today; by traveling, through Film, at each class meeting to a different Country; and to "Meet the People"

3. To develop an understanding of their own cultural and ethnic background

APPENDIX D

EVALUATION FORMS

EVALUATION SHEET

SPRING 1977 SEMESTER

COMMUNITY SERVICES
.CAÑADA COLLEGE
4200 Farm Hill Blvd.
Redwood City, CA 94061

COURSE OR PROGRAM THE EDUCATOR IN HEALTH CARE FACILITIES (Workshop II)

In order to help us with our program planning, we hope you will answer the questions below. Please feel free to comment at length on the course you attended or on the general quality of Community Services offerings.

1. Has the course or program satisfied your expectations?

2. What were its major strengths?

3. What were its significant shortcomings?

4. Were you satisfied with the format?

Draw a vertical line in space below indicating your opinion of the course.

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Comments or suggestions: (Please include suggestions for other programs you would like offered.)

EVALUATION SHEET

FALL '76 SEMESTER

COMMUNITY SERVICES
.CAÑADA COLLEGE
4200 Farm Hill Blvd.
Redwood City, CA 94061

COURSE OR PROGRAM THE EDUCATOR IN HEALTH CARE FACILITIES

In order to help us with our program planning, we hope you will answer the questions below. Please feel free to comment at length on the course you attended or on the general quality of Community Services offerings.

1. Has the course or program satisfied your expectations?

2. What were its major strengths?

3. What were its significant shortcomings?

4. Were you satisfied with the format?

Draw a vertical line in space below indicating your opinion of the course.

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Comments or suggestions: (Please include suggestions for other programs you would like offered.)

SEQUOIA DISTRICT ADULT SCHOOL

TO: Administrators of Skilled Nursing Facilities,
Sequoia Union High School District

DATE: May 25, 1977

Prior to the initiation of adult education courses in your facility, we asked you to complete a questionnaire concerning the types of courses to be offered, the time and length of courses, and the type of training program we should develop for instructors. The data you provided us was most helpful in planning a model program for the elderly in skilled nursing facilities.

We would appreciate your additional assistance at this time in order to aid us in evaluating the effectiveness of adult school courses in your facility. All replies will be treated confidentially. Please complete and return the enclosed questionnaire to the Sequoia District Adult School by June 10, 1977. If you have any questions, please don't hesitate to contact me. For your convenience a stamped return envelope is enclosed. Thank you.

Norman Shapiro, Director
Sequoia District Adult School

NS:ra

Enclosure

SEQUOIA DISTRICT ADULT SCHOOL

QUESTIONNAIRE - ADULT EDUCATION IN SKILLED NURSING FACILITIES

Name of Skilled
Nursing Facility _____

1. Please list below all the classes the Sequoia District Adult School offered during this school year and then rate them on a scale from 1 to 5 (5 = highest rating; 1 = lowest rating). Classes should be rated in terms of best meeting the educational needs of your residents.

Class	Rating
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. As you probably know, our instructors participated in a series of in-service training workshops conducted in cooperation with Canada College. As a result of this program, what changes, if any, have you noted regarding the improvement of instruction?

3. We need to know the reactions and feelings expressed by your residents as a result of their participation in adult education classes. Please describe below any feedback you have received:

4. We need to know the reactions and feelings experienced by you and your professional staff as a result of the introduction of adult school classes. Please describe these reactions and feelings below:

5. In evaluating the over-all effectiveness of the program, we need to know the strengths and weaknesses as perceived by you:

   A. Strengths:

   B. Weaknesses:

6. Comments, suggestions regarding adult education in your facility:

APPENDIX E

VERIFICATION OF RAVEC APPROVAL

VERIFICATION OF RAVEC APPROVAL

E.C. 45042 and E.C. 45043

RETURN TO: Adult Education Field Services Section
721 Capitol Mall
Sacramento, California 95814

County San Mateo County Date June 14, 1977

School District Sequoia Union High School District Telephone (415) 369-1411
Area

Responsible
District Official Norman Shapiro

This is to verify that:

A. A mutual agreement dated April 20, 1977 has been concluded between this school district and (list below all other parties)
San Mateo County Community College District
Jefferson Union High School District
San Mateo Union High School District
South San Francisco Unified School District
Cabrillo Unified School District
La Honda - Pescadero Unified School District
CETA Prime Sponsor
San Mateo County Office of Education
Private Post Secondary Schools
. . . . and that the agreement was approved on June 10, 1977 by the San Mateo County RAVEC.

B. All classes for adults as described in E.C. 45042 and E.C. 45043 either have been or will be approved by the San Mateo County RAVEC prior to the opening date of each such class.

C. The State Department of Education Adult Education Field Services Section will be notified in a timely fashion as a part of the usual course approval process of any action taken by RAVEC not recommending approval of a particular class in the E.C. 45042 and E.C. 45043 sequences.

Notary Seal

Responsible Administrator

Norman Shapiro
Name

Director of Adult Education
Title

369-1411, Ext. 268
Telephone

THIS DOCUMENT IS TO BE NOTARIZED

STATE OF CALIFORNIA }
County of San Mateo } ss.

On this 14th day of June in the year one thousand nine hundred and seventy-seven
before me, Joanne Pheneurup, a Notary Public in and for the
County of San Mateo State of California, residing therein,
duly commissioned and sworn, personally appeared Norman Phepirs

known to me to be the person whose name is subscribed to the within instrument
and acknowledged to me that he executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal
in the County of San Mateo the day and year in this
certificate first above written

Joanne Pheneurup

Notary Public in and for the County of San Mateo
State of California
My Commission Expires 1/19/81

UCO-UTILITY Line Form no. 60-008 —Acknowledgment—General.

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APPENDIX F

REPORT TO BOARD OF TRUSTEES

ADULT EDUCATION

IN THE

SEQUOIA UNION HIGH SCHOOL DISTRICT

REPORT TO BOARD OF TRUSTEES
by Norman Shapiro
Director of Adult Education
April 6, 1977

NS:ub

SEQUOIA UNION HIGH SCHOOL DISTRICT

REPORT ON ADULT EDUCATION IN THE
SEQUOIA UNION HIGH SCHOOL DISTRICT

INTRODUCTION

Adult education is alive and well in the Sequoia Union High School District! For the 1975-76 school year, 1,005 units of average daily attendance (ADA) were generated, and 20,000 registrations were processed for the Summer, Fall, Winter and Spring quarters. Since the beginning of adult education in the district fifty-six years ago, the A.D.A. increased from 15 to the current 1,005, and the course offerings now number 270 classes at more than fifty locations within the service area of the district. We are justifiably proud of the breadth and depth of service provided to the adult public through our programs.

ORGANIZATION AND STAFF

The Director of Adult Education reports directly to the Assistant Superintendent for Educational Services. He carries the responsibility for the entire program, which includes a parent nursery education program and a federally funded adult basic education program as well as a wide range of academic and vocational classes. In addition, he serves as principal of one of the three adult centers which are located at Sequoia, Menlo-Atherton and Carlmont High Schools, and works as the organizing principal of the district 9-12 summer school program.

The adult community is served by 186 part-time instructors and eight part-time counselors. One-third of the instructors work as faculty in the District's high schools; and two-thirds of the faculty are drawn from the general community. Adult school instructors possess the widest possible variety of skills, have specialized backgrounds and provide significant enrichment to the program.

COURSES AND FACILITIES

1. Criteria for Course Approval - Classes offered must have educational value and be open to the general public. Compared to regular graded classes in the day school, however, adult education offers a more flexible curriculum. Present criteria for course approval include the educational goals of the Sequoia District, regulations of the Bureau of Adult Education, State Department of Education, the availability of housing, equipment, qualified instructors and finances. All of these criteria are considered when a new course is suggested, along with considerations of educational value, value to the community, and usefulness to the individual and society.

2. Course Offerings - The 270 classes offered this fall covered all of the areas categorized for a general curriculum by the California State Department of Education, including: Americanization, Business Education, Crafts, Civic Education and Special Fields, Elementary subjects, English, Fine Arts and Music, Foreign languages, Health and Physical Education, Homemaking, Industrial Education, Mathematics, Parent Nursery Education, Science and Social Science.

   Subject fields in order of popularity for the 1975-76 school year are as follows:

SUBJECT FIELDS IN ORDER OF POPULARITY (District Totals)
1975-76

	ENROLLMENT PERCENTAGES
Academic Classes (Basic Adult Education, Basic Adult Education for Spanish Speaking, Contemporary Literature, Contemporary World Affairs, Drama, G.E.D. Test Preparation, General Mathematics, German, Government, Hebrew, Italian, Literacy, Math for Merchandising, Multicultural Curriculum, Natural Science, Reading, Spanish, Spelling & Vocabulary, Transactional Analysis, United States History, Writing & Composition, Writing for Publication).	21.2
Homemaking & Parent Education (Antiques & Interior Decoration, Clothing, Education for Childbirth, Fitting Techniques, Parent Education, Pattern Drafting, Sewing with Knits).	17.3
Fine Arts & Music (Basic Art, Chorus, Drawing, Great Museums, Guitar, Japanese Brush Painting, Jazz Band, Music Appreciation, Orchestra, Organ, Painting (acrylics, landscape, mixed media, oil, watercolor), Photography, Piano, Sculpture).	15.8
Crafts & Decorative Arts (Ceramics, China Painting, Crafts, Jewelry Construction & Lapidary, Metalcrafts, Needlecrafts, Upholstery).	10.3
Americanization (Citizenship, English as a Second Language, English for Spanish Speaking).	9.4

	ENROLLMENT PERCENTAGES
Trades & Industrial Arts (Auto Mechanics, Electronics Assemblage, Forging, Machine, Metal, Welding and Wood Shops, Motorcycle Mechanics, Meat Cutting and Painting and Decorating (apprentice classes).	9.1
Business Education (Bookkeeping & Accounting, Estate Planning, Modern Business English, Office Practice, Payroll Taxes for Small Businesses, Shorthand, Stocks & Bonds, Typewriting).	7.3
Health & Physical Education (Physical Conditioning, Physical Exercises for the Elderly, Underwater Safety).	5.0
Special Fields (Defensive Driving, Driver Education, Driver Training, Lip-reading, Literacy Training Workshop, Personal Growth Education, Prevention of Alcoholism, Self-Hypnosis, Psychology, Sail Boating Education & Safety).	4.6

3. Attendance Patterns - It is common practice throughout California for adults to attend classes in their own as well as in neighboring districts. Classes must be offered within the physical boundaries of a school district and state aid for A.D.A. goes to the district offering the class. As may be seen from the following data for the 1975-76 school year, the majority of students served were residents of the Sequoia Union High School District.

HOURS OF ATTENDANCE FOR 1975-76
BY DISTRICT OF STUDENT RESIDENCE

DISTRICT OF RESIDENCE	+21 YEARS OF AGE	-21 YEARS OF AGE	TOTAL HOURS	PERCENT
Sequoia UHSD(1)	426,155.00	33,386.50	459,541.50	87.1
San Mateo UHSD(1)	24,361.50	2,040.00	26,401.50	5.0
Palo Alto Uni ied SD(1)	16,409.50	662.00	17,171.50	3.2
Mt. View-Los Altos UHSD	6,073.00	482.00	6,555.00	1.2
Cabrillo Unified SD	4,254.50	1,280.00	5,534.50	1.1
Fremont UHSD	2,920.00	324.00	3,244.00	0.6
Jefferson UHSD	1,594.50	467.00	2,061.50	0.4
San Francisco Unified SD	949.50	410.00	1,359.50	0.3
South S.F. Unified SD	1,241.00	505.00	1,746.00	0.3
La Honda-Pescadero Unified SD	1,211.50	66.00	1,277.50	0.2
San Jose Unified SD	700.00	295.00	995.00	0.2
Fremont Unified SD	592.00	15.00	607.00	0.1
Hayward Unified SD	294.50	192.00	486.50	0.1
Other School Districts	586.50	182.00	768.50	0.1
TOTALS:	487,343.00	40,306.50	527,649.50	

(1) Sequoia, San Mateo and Palo Alto districts contributed 95.3 percent of the attendance.

4. Class Locations - A number of agencies, both public and private, cooperate with the adult school and made it possible for us to schedule classes at numerous off-campus locations during the day, afternoon, evening, and even on Saturdays. Most of these off-campus facilities are loaned cost free. We are currently paying a rental fee in six locations. In those cases where rent for the facility is paid, some of the cost is reclaimed in higher student registration fees. Continued use of facilities where rent is paid is reviewed annually.

STUDENT PARTICIPATION

1. Adult Education Students Enrolled, 1921-1976 - Starting some fifty-six years ago with 75 students, adult education in the Sequoia District now attracts over 11,000 different individuals each year. For the 1975-1976 school year, 11,460 students were enrolled.

2. Class Enrollments in Adult Education Classes, 1952-1976 - In 1952-53, men and women signed up 6,500 times for classes in the Sequoia adult program. By 1969-70, class enrollments exceeded 16,000 a year. For the school year 1975-76, 20,044 class enrollments were processed.

3. Number of Graduates, 1938-76 - Unfortunately no records prior to 1938-39 are available on the number of graduates from the adult program. It is known, however, that only 65 men and women received adult high school diplomas from the Sequoia District for the fifteen year period ending in 1952-53. But in the years since 1952-53, 1,027 adults have achieved such honors. For the school year ending 1975-76, 25 adults received their high school diplomas.

FINANCE

SB-1641 establishes a separate foundation program and a separate revenue limit for adult education. Adult education is now a categorically funded program similar through the budgetary process to any other categorical program. The foundation program was established by the legislation at $862 with revenue limits being set by the county superintendent either below, at, or above the foundation program based on J-51 costs for the 1975-76 plus a 9.51 percent inflation factor.

Recently the Association of California School Administrators (ACSA) issued a report highlighting the financial picture as follows:

GROWTH UNDER S.B. 90: When SB 90 was enacted in 1972, school finance was placed on a.d.a. revenue limit basis. All levels in a district were included, so educational costs were averaged into a single revenue base for the district. Since adult education programs are generally lower in cost than K-12, the result was that the adult education program produced surplus funds that could be used elsewhere in the district. Declining enrollments and double digit

inflation soon put many districts in a financial bind, and adult education growth was seen as one way to produce more money for elementary and secondary support. The increase in the older age groups in the population taking classes and economic recession also brought large numbers of adults to classes. The result was an unanticipated drain on the state school fund that led the Governor and the Legislature to place a five percent growth cap on adult education, community colleges, and Regional Occupation Programs and Centers for the 1975-7 fiscal year.

The cap curtailed adult education programs in some communities and shifted costs to the local taxpayers in others that chose to exceed the cap at local expense.

Solution to the Cap. On July 2, 1976, the Governor signed into law SB 1641 which presents an alternative to the five percent growth cap that the Legislature in 1975 placed on adult education in unified and high school districts, community colleges and Regional Occupation Programs and Centers. SB 1641 (Rodda) embodies many suggestions developed by the State Department of Education as well as major provisions of the ACSA Position Paper on Adult Education adopted by the Representative Assembly in January, 1976. Essentially, SB 1641, which incorporated the provisions initially proposed in AB 2790 (Montoya), seeks to remove the financial incentive for growth in the capped areas, yet avoid penalizing districts for the support of other programs that has been drawn from excess revenues generated by adult education and the other capped areas.

SB 1641 makes the following fiscal changes for adult education programs in unified and high school districts:

(1) Establishes a separate foundation program for adults at $862 figure is based on the average cost of classes for adults statewide and will be adjusted annually by the percentage increase in the high school foundation program.

(2) Establishes in each district a separate revenue limit for classes for adults based on actual expenditures for adult classes in 1975-76.

(3) "Grandfathers" into the regular district revenue limit revenues which have been earned on account of adult education a.d.a. and used in support of the regular school district program.

(4) Future revenues generated by adult education a.d.a. are restricted to supporting adult education in districts. Likewise, funds generated by other programs cannot be used to support adult education.

(5) The categories of "defined" and "non-defined" adults are eliminated. In high school district programs all persons 18 years of age or older not concurrently enrolled in the regular high school program are in a single category, and all students are counted the same in the community colleges.

(6) The budget act cap is eliminated, and there will be state support for all future a.d.a. growth.

Comparison of Total Hours of Attendance, Hours of Teaching, and Average Attendance per Teaching Hour -- Every effort is made to maintain a minimum class size of 15. There are a number of factors that at times work against this, the principle factor being seasonal differences. The chart, attached to this report, compares these statistics for the 1974-75 school year, the 1975-76 school year, and the 1976-77 school year to date.

Salaries -- Although there is a wide range in the hourly rate for adult school instructors, neighboring districts on the Peninsula are somewhat competitive. A recent survey of salaries, fees, A.D.A. follows:

ADULT SCHOOL SURVEY 1976 - 1977

DISTRICT	PER HOUR RATE OF PAY	MINIMUM CLASS SIZE	REGISTRATION FEE	ADULT SCHOOL A.D.A.
Acalanes UHSD	$ 9.85	15	$ 6.00	1,178
Alameda Unified	10.28	12	5.00	585
Albany Unified	10.40	15	6.00	737
Analy UHSD	7.00	10	3.00	67
Antioch Unified	8.91	12	2.00	135
Berkeley Adult School	9.00	12	5.00	1,600
Castro Valley Unified	8.53	12	4.00	1,742
Fairfield-Suisun Unified	9.90	15	None	998
Fremont Unified	8.00	18	4.00	625
Hayward Unified	8.25	15	4.00	2,594
Lompoc Unified	8.00	18	6.00	400
Calla High & Manteca Adult	7.70	12	3.00	300
Martinez Unified	9.85	15	2.00	550
Mount Diablo Adult	8.90	15	2.00	1,860
Napa Valley Unified	9.00	20	None	312
Novato Unified	7.70	15	6.00	156
Oakland Unified	12.15	15	3.00	5,200
Petaluma Joint UHSD	8.58	10	2.50	750
Pittsburgh Unified	9.28	15	2.00	603
Richmond Unified	9.91	16	5.00	808
San Lorenzo H.S.	8.80	16	4.00	798
San Mateo UHSD	11.10	10	6.00	2,049
San Ramon Unified	9.10	10	4.00	190
San Rafael City Schools	9.80	15	6.00	311
Santa Rosa Schools	9.38	15	3.00	410
S E Q U O I A UHSD	11.41	15	3.50	1,005
Sonoma Valley Unified	8.00	15	2.00	83
South S.F. Unified	7.75	12	3.00	870
Vacaville Unified	8.00	10	5.00	150
Vallejo City Unified	10.10	15	3.50	848

Fees -- The present basic registration fee is $3.50 per class. In accordance with state law, fees may not be charged for certain classes. These classes include Americanization, a major portion of which are English as a Second Language classes, Basic Adult Education classes, and any classes leading toward a high school diploma. Fees have been increased over the past few years, the latest increase being from $3.00 to $3.50. With the beginning of the 1976-77 school year, senior citizens 62 years of age or over were exempted from paying the registration fee.

Another factor in the fee structure is the incidental fee for supplies. A review of these fees is now underway.

ADULT EDUCATION - THE "NEW LOOK" - PROGRAMS IMPLEMENTED SINCE THE 1975-76 SCHOOL YEAR

1. Adult Indochinese Refugee Education Program -- For the school year 1975-76, we received a modest grant of $1,232 from the United States Office of Education as part of the Indochinese Refugee Education program. $1,199.20 of those funds were expended for the period ending June 30, 1976. The money was used primarily for identifying the number of Indochinese refugees enrolled in the adult school and in setting up a program to meet their needs. The program centered around special English as a Second Language classes. Classes were developed to teach functional daily English and provide Indochinese refugees with an opportunity to improve their oral, aural, reading and writing skills, thus increasing the number of options open to them in continuing their education and improving job options. In particular, a number of refugees were students in the Electronics Assemblage program which is offered daily at the Vocational Services Center in Belmont. One of the components of our program was the hiring of a paraprofessional guidance assistant who worked with refugees in testing and a placement program. We were able to place a number of refugees on jobs throughout the community. In addition, materials of a very special nature which were prepared for Indochinese refugees were purchased with some of the monies alloted by the United States Office of Education. The paraprofessional was housed in an office in East Redwood City through the cooperation of PROBE and Clifford Boxley.

2. Adult Basic Education Program --- Nationally, one out of five American adults lacks the basic skills and knowledge needed to function effectively in the basic day-to-day struggles to make a living and maintain a home and family. On the national level, more than 51,000,000 adults in this country do not have a high school diploma or its equivalent. Of these, 15,000,000 have less than eight years of schooling. Mostly unemployed or underemployed, many on welfare, they experience defeat and despondency that is sent back to their families and their communities. The task of the Adult Education program of the United States Office of Education under the Basic Adult Education program, is to offer these people a chance to

gain the learning tools necessary to help them become satisfied, self-sufficient citizens. For the 1976-77 school year, Sequoia Adult School was awarded $15,000 under the provisions of the Adult Education Act of 1966, as amended, (PL 91-230/93-380) and the California Annual Program Plan for Adult Education. The major emphasis of the program is in literacy and E.S.L. in cooperation with Target Education and Welfare in East Redwood City. Project funds have made it possible to hire an additional instructor part-time for the literacy program. In addition, we have hired four instructional aides part-time to better individualize the instruction in existing classes. As a part of the program, a coordinator for eight hours a week and a counselor for six hours a week have also been employed.

3. Adult School Program for Senior Citizens Residing in Skilled Nursing Facilities -- Although some programs were in existence for senior citizens prior to the 1975-76 school year, there were no formal programs for the elderly residing in skilled nursing facilities within the service area of the Sequoia Union High School District. A model program providing for the educational needs of the elderly in skilled nursing facilities was undertaken and implemented with the beginning of the 1976-77 school year. The definition of a skilled nursing facility is a resident health facility that provides skilled nursing care on an extended basis. The skilled nursing facility provides 24-hour in-patient care and as a minimum includes medical, nursing, dietary, pharmaceutical services, and an activity program. In recent years, there has been a growing interest and concern for the needs of the aged both on a national, state, and local level. Nationally, there are over 20 million people 65 years of age or over comprising some 10 percent of the population. It is well recognized that a population explosion of older people has been under way for some time now, and that the elderly are the fastest growing group in the United States. In California alone, there are 2,909,830 persons 60 years of age or over, the largest elderly population of any state in the United States. San Mateo County presently has 74,930 persons 60 years of age or over. Gerontologists and demographers are quick to point to the increase in the age in population as being larger percentage-wise than any other segment of the population. As Wilson Riles, the California State Superintendent of Public Instruction, recently noted "...as the population becomes older and individuals retire sooner, schooling will be thought of less and less as the exclusive province of the young."

Recent statistics on skilled nursing facilities in the United States reveal that at present 1,000,000 older adults reside in such facilities. There is every indication that this number will increase in the foreseeable future. In California alone there are 1,178 skilled nursing facilities licensed by the State with a total bed capacity of 107,363 residents. Within the service area of the Sequoia Union High School

District, there are eleven skilled nursing facilities.

In keeping with the District's philosophy of "taking adult education to the people," the development of adult programs in skilled nursing facilities is a way of meeting the growing need for adult education programs for the aged. We recognize that adult and continuing education is a lifelong process whose main purpose should be to improve the quality of life for all citizens, regardless of age and present physical circumstances.

A number of classes were established in skilled nursing facilities with the beginning of the 1976-77 school years, and this program is presently being expanded. One of the components of the model program is an in-service staff development program. In cooperation with a number of agencies in the community, a gerontology consortium was developed under the leadership of Sequoia Adult School. The Sequoia Adult School initiated a needs-assessment which was distributed to administrators and activity directors of the eleven skilled nursing facilities within the District. Considerable data were collected for purposes of developing a program. Responses received to two of the questions included as part of the needs-assessment are noted here. Respondents were asked for suggestions as to what should be included in an orientation program and in-service education program that the Sequoia Adult School and Canada College is planning to provide for instructors assigned to teach in skilled nursing facilities. Some of the responses follow:

"Be receptive and sensitive to: (1) ability to individualize re: patients, handicaps, facility; (2) skill of watching and listening; (3) ability to adopt programs to accomodate individual differing circumstances."

"The necessity to speak loudly and distinctly."

"The psychology of aging -- what different problems and pleasures to expect."

"The importance of one-to-one contact for building rapport and interest in the subject matter."

"An understanding of the elderly - their ways, wants, needs and limitations."

"Some kind of a workshop ... regarding the aged and the problems they and the staff face while working together. Having ... books available for the adult school staff ... which specifically deal with senility, and how to deal with it and the patient, and some of the physical and mental disabilities that can accompany strokes and some of the other diseases that typify the older patient."

"Understanding of the short interest span and of the different level of the student."

Agendas for several of the staff development meetings co-sponsored with Canada College are attached to this report. Funds for the workshops were obtained by Canada College under Title IV, Older Americans Act.

One of the questions in the needs assessment we conducted asked for comments/suggestions regarding adult education programs for residents of skilled nursing facilities. The responses received to this question are cited below:

"Please help ... just because the minds are older does not mean they do not deserve stimulation. These people have paid taxes for years and deserve the education on the same level as any other citizen in the community."

"There is no richer relationship than that of a teacher skilled in relating to the "older" person with a well prepared class with pertinent information ... for residents of a skilled nursing home."

"Incorporate community resources into programs."

"Try to capitalize on the childhoods of our residents ... adult classes may provide them with the only chance to talk about themselves and their childhoods."

"We are very much in need of adult education courses for our facilities in the Sequoia district. We have enough alert patients who would benefit from these programs."

"The finished product of the class is not as important as the participation in the class."

"Your survey is a super idea. Our programs would be enhanced with adult school courses. It would be nice if adult education teachers could be available ... during the evening and on weekends."

"We would welcome staff and programs. This is a wonderful opportunity for our patients to learn and to share in an educational environment. The diversion is beneficial to their well being and rehabilitation."

We hope to be able to develop a gerontology program to serve as a model with carry over value for additional skilled nursing facilities within the service area of the Sequoia Union High School District. We are most grateful for the involvement of a number of agencies and educational institutions in the community.

4. ETV for Senior Citizens -- In the planning stages is a very ambitious project that would provide for closed-circuit television courses of interest to senior citizens in our community. This project, as indicated, is only in the planning stages and we are not certain whether or not it will be successful. We have had a number of meetings and, thanks to the interest of our Superintendent Dr. Reynolds, a number of prominent people in the community are assisting us. The project would involve beaming a live closed-circuit television broadcast once a week over an existing television channel. The instructor and a group of students would meet in a television studio, adjacent to Menlo-Atherton High School, and at the same time 10-15 instructors would be located throughout the community, each of them receiving the telecast. A telephone communication system has been developed making it possible for the so-called satellite instructors to be in contact with the master instructor in the television studio. There are many, many problems yet to be solved including the legality of the program, the possibility of collecting A.D.A. and State aid, and the nature and types of programs to be included. We will keep Dr. Reynolds and Mr. Fruehling apprised of progress in this very exciting and challenging area for the adult school.

5. Regional Adult and Vocational Education Councils (AB 1821) -- Regional Adult and Vocational Education Councils were authorized by Chapter 1269 of the statues of 1975 (AB 1821), which became the law January 1, 1976, and operational July 1, 1976. Regional Adult and Vocational Educational Councils (RAVEC'S) resulted from comprehensive legislation by Assemblyman Joseph Montoya to re-organize and strengthen previously existing adult continuing education coordinating councils and area vocational planning committees. The Legislation establishes a minimum boundary size of one community college district (in our case, San Mateo Community College District) which is more manageable than previous councils.

   Chapter 1269 also gives new authority to regional councils to review and recommend for apportionment all courses and programs within their jurisdiction.

DELINEATION OF FUNCTION AGREEMENTS - RAVEC COUNCILS

(a) Each council shall collect and submit, pursuant to Education Code Section 6268.8, delineation of function agreements entered into between the respective governing boards in the council's service area. The first such agreements shall be submitted by June 30, 1977.

(b) The respective governing boards shall review these agreements annually and any agreed to changes shall be reported to the council who, in turn, shall advise the Superintendent and Chancellor.

(c) Each delineation of function agreement shall conform to the provisions of subsection (a) of Education Code Section 6268.8 and shall delineate functions and responsibilities in the following areas:

(1) Adult basic education

(2) High school diploma programs and courses for adults

(3) Vocational and occupational education, training and re-training programs

(4) Programs in adult continuing education including, but not limited to, parent education, consumer education, civic education, education in the art. humanities and in special fields

(5) Community service classes proposed for state apportionment

(6) Programs for adults involving credit course content in grades 13 and 14

(7) Credit and noncredit courses in Regional Occupational Centers and Programs

(8) Procedures for transfer of programs

(9) Procedures for development of articulation agreements.

The legislation provides that each regional council review courses and programs. If a council determines that unnecessary duplication of courses and programs exist by the various operating agencies, such courses are not to be recommended to the chancellor and superintendent for apportionment. The law provides that by June 1977, Councils generate procedures for reviewing courses and programs, make recommendations for approval of courses for State apportionment, develop delineation of functions agreements and articulation agreements and prepare a plan for the short-term improvement of vocational and adult continuing education. The San Mateo Council, of which I am an elected member, has made considerable progress since July 1, 1976. A matrix of course offerings was developed and we are now in the process of preparing delineation of function agreements which would go to respective boards of trustees for approval.

Legislation specifies that each Regional Council's membership should be comprised of the following:

A. Four representatives from the unified and secondary school districts within the boundaries of the council.

B. Four representatives from community college districts within the boundaries of the council.

C. One representative from the County Office of Education.

D. One representative from the local CETA -- prime sponsor.

E. One representative elected by private post secondary institutions within council boundaries which offer vocational programs under Division 21 of the Education Code.

Council members serve for a two-year term and provide two primary functions as follows:

1. Review course offerings to prevent unnecessary duplication

2. Provide leadership in both short-term and long-range planning in adult and vocational education.

Members of the San Mateo County RAVEC are as follows:

SAN MATEO COUNTY RAVEC REPRESENTATIVES - JULY 1976

Secondary Schools	Mr. Louis J. Martin, Director Adult Education Jefferson Union High School District
	Mr. Alvaro A. Bettuchi, Principal Evening Adult Center South San Francisco Unified District
	Mr. Norman Shapiro, Director Adult Education Sequoia Union High School District
	Mr. Leslie Warner, Counselor Adult Evening Division San Mateo Union High School District
CETA Prime Sponsor	Ms. Frances David, Director Manpower San Mateo County Government Center
County Office of Education	Mr. Lee M. Baxter, Administrator Regional Occupational Program
Community College District	Dr. Lois Callahan, Dean of Instruction College of San Mateo
	Mr. James R. Hardt, Associate Dean College of San Mateo
	Mr. Robert Stiff, Director Educational Program Coordination San Mateo Community College District
	Mr. Edward J. Valeau, Assistant Dean of Instruction Skyline College
Private Postsecondary Schools	Mr. Robert Conley Private Postsecondary Schools

In accordance with the legislation, the Council appointed an advisory committee to provide a broad community perspective. Its membership represents various community segments, e.g., minorities, the disadvantaged, the handicapped, students, teachers, business and labor.

A list of the members of the present Advisory Council follows:

Mary Armstrong, Regional Occupational Program
Sue Carbonnel, Instructor Adult Education
Bill Combs, Machinists District #141
Laura Correa, Community Education Center
Betty Follansbee, Economic Opportunity Commission (for Lou Clarida)
Tom Graves, Security Pacific National Bank
George Jarrett, Employment Development Department
John Jewett, Children's Health Home
Rachel Ralston, Community Concern for Senior Citizens
James Reilly, Division of Apprenticeship Standards (for Cecil Williams)
Monte Robinson, Wells Fargo Bank
Richard Rohrbacher, Skyline College
Michael Furtch, NAACP
Robert House, San Francisco State University

A copy of the minutes of a recent meeting is attached to this report.

6. "Linkages" with the Community -- A brief examination of the present program of adult education in the Sequoia Union High School District gives every indication that adult education continues to expand and play an important role in the life of the community. Adult programs may be found throughout the community - from the Peninsula Symphony Orchestra, Drama groups in Menlo Park and Redwood City, a Home Maintenance class in cooperation with the Redevelopment Agency in East Palo Alto, Parent Cooperative Nursery Schools, a rich and expanding program of basic skills classes at OICW (Opportunities Industrialization Center West) in Menlo Park, classes at the Vocational Services Center in Belmont, to classes in churches and recreation centers in every community we serve. The list of classes is endless - new possibilities are constantly being reviewed. As the program continues to grow, thought should be given to providing additional staffing for purposes of evaluation of programs and improvement of services to our students.

CAÑADA COLLEGE

Educational Programs in Skilled Nursing Facilities

AGENDA

Meeting: Cañada College

Date: Wednesday, May 26

Time: 3:30 to 5:30 p.m.

3:30 Welcome and Introduction

Dr. J. William Wenrich, President, Cañada College

Norman Shapiro, Principal, Sequoia Adult School

3:40 Role of the Education Consortium

Discussion of the need for information

Needs Assessment - what, when, how

Lois Cunningham, Coordinator, Gerontology Program
Cañada College

4:30 Small group meetings with area representatives

Discussion of procedures for setting up and evaluating courses and programs

5:00 Wrap-up. Where do we go from here?

THE EDUCATOR IN HEALTH CARE FACILITIES

Cañada College
Building 3, Room 142

January 22, 1977
8:30 a.m. - 4:00 p.m.

AGENDA

8:30 - 9:00	Registration
9:00 - 9:15	Welcome and Orientation Lois Cunningham, Coordinator Gerontology Program
9:15 - 10:00	Aspects of Aging Maureen Shaw, Director Human Services Program Notre Dame College
10:00 - 11:15	Characteristics of Aging and Methods of Communication Dorothy Kardashian, Recreation Therapist Evelyn Goodard, Occupational Therapist
11:15 - 11:45	Questions and Transition
11:45 - 12:30	Lunch - Brown Bag Refreshments will be served We encourage people to enter into discussions with the resource people during lunch.
12:30 - 2:30	Panel - What Comes After "Hello" John Stokes, Clinton Park Adult School Oakland Unified School District Corinne Price, Coordinator Creative Living Program Salinas Adult School
2:30 - 2:45	Break
2:45 - 3:30	Social Policy and Aging Bonnie Russell, Director, Gerontology Training Center, San Jose State University
3:30 - 4:00	Wrap-up and Evaluation

Cañada College is located at 4200 Farm Hill Boulevard, Redwood City, CA 94061

FOR FURTHER INFORMATION CALL: 364-1212, ext. 222/339

THE EDUCATOR IN HEALTH CARE FACILITIES
(Workshop II)

Cañada College
Building 3 Room 142
March 26,1977 - 8:30 a.m. - 4:30p.m.

AGENDA

8:30 - 8:40	Registration
8:40 - 8:50	Welcome and Orientation, Lois Cunningham, Coordinator Gerontology Program, Cañada College
8:50 - 9:50	Overview: THERE IS A TIME TO BE BORN AND A TIME TO DIE (with incidental music) Conceived and directed by Phil Schultz, Menlo College
9:50 - 9:55	Response: Questions and Answers
9:55 - 10:05	Break
10:10 - 11:30	Panel: THE IMPACT OF EDUCATION ON THE NURSING HOME Paul Gould, Instructor, Health Care Administration Dr. Lee Powers, Assistant Principal, San Mateo Adult School Moderator: Dr. Bonny Russell, Director , Gerontology Training Center, San Jose State University
11:40 - 12:00	Response: Questions and Answers
12:00 - 12:30	BETTER USE OF AUDIO VISUAL EQUIPMENT IN THE HEALTH CARE FACILITY Don Klipper, San Mateo and Sequoia Adult School and teacher in 14 skilled nursing facilities in San Mateo County.
12:30 - 1:00	Lunch Break (The cafeteria will be open)
1:00 - 2:25	Session I Workshop A INDIVIDUALIZING ACTIVITY PROGRAMS: Dorothy Kardashian, Recreational Therapist, Consultant Skilled Nursing Facilities; Evelyn Goddard, Occupational Therapist Consultant Skilled Nursing Faciilties;Maureen Shaw, M.S.W. Director, Human Services Program, Notre Dame College Workshop B GROWING WHILE AGING Mimi White, Retired Psychiatric Nurse, Fort Help; Worden McDonald, Counselor at Fort Help;SAGE
2:25 - 2:35	Break
2:40 - 4:05	Session II The above wordshops will be reversed so that everyone can participate in both workshops.
4:05 - 4:30	General Session - Questions and Wrap-up

THIS WORKSHOP HAS BEEN FUNDED THROUGH TITLE IV-A TRAINING GRANT BY THE AREA AGENCY ON AGING

SAN MATEO COUNTY RAVEC

February 25, 1977

MINUTES

Council Members and Staff:

Present:
Lou Martin, Jefferson Union High School District, Chairperson
Jim Hardt, San Mateo County Community College District, Vice Chairperson
Lee Baxter, San Mateo County Office of Education
Al Bettucchi, South San Francisco Unified District
Robert Conley, Private Postsecondary Schools
Fran David, CETA Prime Sponsor
Norman Shapiro, Sequoia Union High School District
Bob Stiff, San Mateo County Community College District
Ed Valeau, San Mateo County Community College District
Les Warner, San Mateo Union High School District
Ed Chiosso, Staff

Absent:
Lois Callahan, San Mateo County Community College District

Others in attendance:

Paul Bernstein, Cabrillo Unified District
Samuel A. Ferguson, San Mateo County Community College District
Jim Logsdon, La Honda - Pescadero Unified District
Robert Obrey, San Mateo County Office of Education
Martin Taylor, Visitor
Gilberto Villarreal, San Mateo County Community College District

I. CALL TO ORDER

Meeting was called to order at 9:40 a.m. Chairperson Lou Martin welcomed visitors and introduced them to the Council.

II. APPROVAL OF MINUTES

The Minutes of the January 21, 1977 RAVEC meeting were approved without amendment.

III. ADOPTION OF AGENDA

Ed Valeau moved to amend the Agenda to include, under Item IX, an announcement of a possible course offering at Skyline College. The motion passed and the Agenda was accepted without further amendment.

IV. COORDINATOR'S REPORT

A) Correspondence was received from Pat Valladao, RAVEC Field Representative, on Review of Courses, Articulation Agreements and Short-term Plan. Ed stated that these letters were recommendations and not requirements and that they would be discussed under appropriate sections of the Agenda.

B) At a February 17 meeting with Ed, Pat Valladao encouraged SMC RAVEC to host a workshop for RAVEC staffs and saw this as beneficial to the staffs and to the State. (This workshop was discussed at the January meeting).

V. COUNCIL ORGANIZATION

A) Absenteeism.

Lou Martin reminded members of the Council about the Bylaws allowing only three absences during an academic year. Ed Valeau suggested that there be a discussion of amending this section at the next meeting. It was also noted that other sections of the Bylaws might be re-examined e.g. the May election of officers.

VI. SHORT-TERM PLAN

A) Advisory Committee

Jim Hardt reported on the three major discussion items at the February 16 Advisory Committee meeting:

1) Unmet adult education needs.

2) Priorities for adult education.

3) Additional information needed by Advisory Committee.

The Advisory Committee emphasized the need for basic skills training and outlined some problems in getting students into these programs e.g. transportation. The Committee also suggested several special possible needs in San Mateo County including: Health training programs e.g., Registered Nurses, Licensed Vocational Nurses, Medical Assistants; Gerontology programs; Consumer Education e.g., budgeting, taxes, consumer laws; and Vocational Training for the Handicapped. It was decided that the Committee would meet on April 27 after reviewing a draft of the Short-term Plan.

The Council discussed the Advisory Committee's comments, a method of responding to them, and their implications for the Short-term Plan. It was decided to form a Sub-committee on the Short-term Plan which would also develop a method for acknowledging and incorporating the Advisory Committee's comments.

Lou Martin will Chair the Sub-committee and meet with Ed Valeau, Norman Shapiro, Bob Obrey, Bob Conley and Ed Chiosso on March 11 at County Office of Education at 10 a.m.

Lou Martin suggested that the Council discuss the draft of the Delineation of Functions Agreement as the next item of the Agenda since it was directly relevant to the Short-term Plan and that the report on ESL at Canada College should follow this discussion.

VI. DELINEATION OF FUNCTIONS

A) Draft Agreement.

Lee Baxter reported that the Sub-committee did not have a draft for Council consideration because the Review of Courses had become a priority during the recent month. However, he stressed the need to finalize the draft at the next RAVEC meeting so that it would go to the respective boards in April. He noted that the only unfinished sections were Section 3.0 on Vocational/Occupational Education, Section 4.0 on Continuing Education, and Section 9.0 on Articulation Agreements.

B) ESL at Canada

Before Norm Shapiro reported on the reasons for the advertising of English as a Second Language (ESL) by Canada College, he emphasized the excellent relationship and continuous communication between Canada and Sequoia Adult School. As an example of this, he referred to Canada's free-of-charge training of his teachers in Gerontology so that they will be able to teach in convalescent homes.

Norm then read a letter from Sam Ferguson, Dean of Instruction at Canada, which apologized for the use of the term, explained that there was a failure on the part of the English Institute Coordinator to accurately communicate with Jack Swensen, the Editor of the Spring schedule, and that the gravity of the mistake had been pointed out to all concerned. Sam Ferguson commented that this incident emphasizes the need for Canada College to be one of the Community College representatives on the Council.

The Council expressed concern about identifying the differences between Sequoia ESL and Canada's English Institute, especially since these two programs are in the same community location, and also, about Canada's expansion of courses. Related to this last concern, Jim Logsdon, La Honda-Pescadero District, mentioned that at the request of his community he was considering the possibility of Canada offering courses in his area and administering his adult school classes. Lou Martin suggested that perhaps another adult school, e.g. Cabrillo, could administer the program.

After discussing these issues, the Council stressed the need to develop a meaningful Delineation of Functions Agreement and the need to bring issues like this to the Council <u>before</u> they are accomplished facts.

VIII. APPORTIONMENT RECOMMENDATIONS

A) Les Warner reported on the progress of the pilot project at San Mateo Adult School. The Review of Courses consumed a tremendous amount of time due to the need to look at each individual class and course. However, the review has been valuable because it has linked courses together in a systematic way and provided a coding system which will aid other districts in their reviews.

Sequoia, South San Francisco, and Jefferson Adult Schools have already begun to list all of their courses. Principals of the Coastside Adult Schools and Directors of Vocational Education of the six secondary districts will meet with RAVEC staff to review their courses. The target date for completion of the review is March 30.

IX. OTHER

Announcement of Possible Course Offering

Ed Valeau announced that Skyline College was considering the possibility of offering a program in automotive technology. This program was one of three possibilities proposed to replace the aeronautics program which was transferred to the College of San Mateo.

In investigating the need for the program, Skyline has contacted ROP, other community colleges with similar programs, and labor-market analysts. Les Warner suggested that Skyline also contact San Mateo High School District since it has the Automobile Apprenticeship Program.

Meeting adjourned 11:45 a.m.

NEXT MEETING MARCH 18, 1977

9:30 a.m.

BOARD ROOM - COLLEGE OF SAN MATEO

SEQUOIA DISTRICT ADULT SCHOOL

Comparison of Total Hours of Attendance, Hours of Teaching, and Average Attendance* per Teaching Hour - July 1974 to June 1975, July 1975 to June 1976 and July 1976 to Date

FIGURES -- TOTAL DISTRICT

	1974-1975			1975-1976			1976-1977		
Month	Total Hours Attendance	Hours of Teaching	Avg. Attendance*) per Teaching Hour	Total Hrs. Attendance	Hours of Teaching	Avg. Attendance*) per Teaching Hour	Total Hrs. Attendance	Hours of Teaching	Avg. Attendance*) per Teaching Hour
July	10,365.00	555.00	18.8	17,012.00	807.50	21.1	18,954.50	979.50	19.4
August	7,938.00	464.50	17.2	9,961.00	481.00	20.7	11,974.00	620.00	19.3
September	46,789.50	2,902.00	18.5	52,203.50	3,399.50	17.2	55,971.00	3,233.00	19.2
October	66,773.50	4,413.75	16.4	71,074.00	4,842.00	15.8	67,007.00	3,994.00	18.0
November	45,333.75	3,406.00	14.7	49,498.50	3,597.00	14.8	63,350.00	4,172.00	16.2
December	20,559.00	1,609.00	14.7	24,699.00	1,743.00	15.9	28,228.50	1,982.00	15.2
January	51,617.50	3,630.50	15.4	62,505.50	4,144.00	16.1	64,806.50	4,286.00	16.1
February	48,456.50	3,394.50	14.9	53,613.50	3,675.00	15.5	61,496.00	3,952.00	16.7
March	51,717.00	3,930.50	14.3	66,065.50	4,880.50	14.3			
April	49,548.00	3,646.50	14.8	47,708.00	3,389.00	14.9			
May	49,123.50	3,968.50	13.2	50,959.50	3,987.00	13.6			
June	11,349.50	689.00	17.0	22,350.00	1,529.00	15.5			

*) Does not include classes requiring abnormally high fees because of low attendance ideal.